



Alt Med Ctr L.L.C.
Alternative Medicine Center

Mario Fontes L.Ac., Dipl. O.M., H.M.A.
1951 W. Camelback, Suite 300
Phoenix, AZ 85015
Phone (602) 332-8079
Fax (480) 747-9682

PRACTITIONER-PATIENT SERVICES AGREEMENT

Welcome to Alt Med Ctr. This document (the Agreement) contains important information about Alternative Medicine services, business procedures and policies.

Initial Appointment A credit card (Visa or Mastercard) payment is required for your first appointment.

Missed Appointments without prior cancellation are billed to your credit card at \$25.00. To avoid charge, appointments require a minimum of 24 hours notice.

Payment is due at time of service, in cash, check, money order, Visa, or MasterCard. In cases of extreme financial need, payment options can be discussed. If no arrangements are made and your account remains delinquent past 120 days, the account is referred to collections. You are responsible for all collection fees and related legal costs. There is a returned check fee of \$35.00.

Insurance Coverage: Alt Med Ctr will provide a bill with appropriate diagnostic and procedure codes so that you can file for reimbursement from your insurer. Amounts recovered vary with insurance plan.

Service Hours and Emergencies: Hours by appointment only. Phone calls are usually returned within 24 hrs. Please leave a telephone number where you may be reached. For any emergencies, urgent, severe or life-threatening conditions that require immediate treatment seek care from your local urgent care or hospital emergency department.

Professional Records: The laws require that Protected Health Information about you kept in your clinical record. Except in unusual circumstances that involve danger to yourself and/or others or where information has been supplied to me confidentially by others. You may receive a copy of your clinical record by requesting it in writing. There is a fee of \$25 for a copy of your records.

Phone Consultation: Brief telephone calls (less than 10 minutes) to clarify issues from consultation or brief progress reports incur no charge. Calls are billed at \$25.00 per 15 minutes under the following circumstances: When you receive a new prescription or new problems arise or when your call exceeds 10 minutes.

Fee Schedule:

- Free Consultation (15 minutes): No Charge
- Follow-up Visit (30-45 minutes): \$75.00
- Acu-therapy Initial Visit (60-90 minutes): \$100.00
- Comprehensive Homeopathic Evaluation (120 minutes): \$200.00
- Home Visits (additional fees): \$25.00

Please read this agreement thoroughly and sign below to acknowledge acceptance of terms of service

Your credit card information will be kept confidentially in your file. In the event of a late cancellation or missed appointment this card will be charged the service fee, you will receive an electronic e-mail receipt from Alt Med Ctr.

Patient Name: _____ Signature: _____ Date: _____

Name printed on credit card to be charged: _____

Credit Card Number to be charged: _____

Expiration Date: _____ Last three digits on back of card: _____

Billing Address of Credit Card: _____

Email address: _____ Phone: _____

- Yes, I would you like a reminder on the day of my appointment : Email me Text Me Call Me
- No, do not remind me on the day of my appointment .