

Holistic Health Seattle Phone/Web-Based Consultation Agreement

Who may choose a Phone/Web-Based Appointment?

- Patients who find distance or schedule inconvenient for in-person appointments
- Patients who are unable to come to our location due to childcare or chronic illness
- Patients who do not have access to integrative medicine providers and would like a second opinion

How to set up a Phone/Web-Based Visit

- Contact our office by calling 206 522-5646 to arrange for an appointment
- Print out this form (and the New Patient intake forms if appropriate) and return to our office at least 1 day BEFORE your first phone consultation (you can mail them in or fax to 206 524-5054)
- Provide the best number to call at your designated appointment time
- Upon completion of the phone consultation there will be a review of your treatment plan and recommendation for further diagnostic tests as needed
- A follow up consultation may be scheduled, usually 2-4 weeks after the initial phone consult

Fees and Payments

- First Phone Consultation/Appointment: \$250 for 60 minute consultation
- If you require extensive review of medical records from other providers, this time will be billed at the minimum rate of \$ 50 per 15 minutes
- Follow-Up Phone Consultations/Appointments:
 - \$100 for 30 minutes
 - \$200 for 60 minutes follow-up
- Payment can be made by check, Visa or MasterCard. Fees are collected (payments need to arrive at our office) at least 24 hours in advance of the consultation.

Cancellation Policy

As a holistic health practitioner, Camelia Ades, ARNP, MSN, MPH cares to spend enough time with each patient and never double books. Please understand that in order to keep this unique schedule and best attend to your medical needs, we need your full cooperation.

- We require at least a 24 hour notice to cancel your appointment
- A charge for the full fee for the appointment will ensue for missed appointments or late cancellations

By signing below I agree that I have read and understood the above policy, and I will pay any fees incurred as result of non-compliance. I further agree to pay for phone/Skype appointment fees and to not bill my insurance for these services:

Patient Signature

Date

Patient Name (printed)