

Fee Schedule and Cancellation Policy

FEE SCHEDULE

Please read the following information carefully and keep for your records.

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|---------------------------------------|------------------|-------|
| Initial Visit | Up to 90 Minutes | \$140 |
| Subsequent Visit | Up to 45 Minutes | \$75 |
| Pediatric (<12 yrs old) Initial Visit | Up to 60 Minutes | \$90 |
| Pediatric Subsequent | Up to 45 Minutes | \$75 |
| Acupuncture Visit | Up to 30 Minutes | \$65 |
| Emergency Visit | Up to 15 Minutes | \$27 |
| Injection Visit | Up to 5 Minutes | \$9 |

The above rates do not include HST. NSF Cheques are subject to a \$25 fee.

Phone consults may be arranged (depending on circumstances and with the exception of initial visits) with the same fees outlined above.

All payments are due as services are rendered

While fees are not covered by MSI, many insurance companies offer coverage of naturopathic services. Check with your insurance provider for more information.

CANCELLATION POLICY

In naturopathic medical practice, scheduled visits are significantly longer than in other forms of medicine. As such, missed or inappropriately cancelled appointments can account for a significant amount of lost appointment time over the course of the day. We do not overbook patients in this practice to account for missed or cancelled appointments. It is therefore necessary to enforce the following cancellation policy.

You are responsible for the full fee of a missed appointment unless you provide at least 24 hours notice of cancellation.

At this time, we are unable to provide reminder calls. As such, should you need please feel free to call the clinic to confirm your appointment time.

During unusual circumstances, such as illness or bad weather, in the absence of adequate cancellation or attendance, you can request that your appointment be conducted over the phone. Please note, however, normal visit charges will apply.

If you need to cancel or rebook your appointment time, please call 406-0100 at your earliest convenience.

By signing below you acknowledge your understanding of the above listed fee structure and cancellation policy.

Thank you in advance for your cooperation.

Name/Signature

Date