

The Piro Clinic of Natural Medicine
801 2nd Street N. Suite E
Safety Harbor, FL 34695
(727) 789-4020

OFFICE POLICY

INITIAL CONSULTATIONS

The purpose of the initial consultation is that the doctor and prospective patient meet face-to-face and briefly discuss the patient's concerns. The doctor will advise the patient as to whether or not she can likely help. The doctor will outline the diagnostic tests needed to evaluate the case. The fee for the initial consultation is \$75.00.

Initial _____

FEES

The complete history, examination and diagnostic work-up will vary depending upon the severity and complexity of each case. The doctor will give you a List of Services and fees at your initial consultation. Once all the diagnostic data is collected and evaluated, the doctor will review those findings with you on the "Report of Findings" day. Specific natural medicines and treatments will be prescribed. Further diagnostic tests may be recommended which will be reviewed and explained along with their specific fees.

Initial _____

METHOD OF PAYMENT

Payment is due when services are rendered. We accept CASH, PERSONAL CHECKS and CREDIT CARDS (MASTERCARD, VISA and DISCOVER only). There is a \$35.00 charge for checks returned due to insufficient funds.

All natural medicines and supplements are not returnable. Should an exception be made, there will be a 15% restocking fee. All Orthopedic Supplies are not returnable, without exception, due to sanitary reasons. Special order items must be pre-paid before they will be ordered from the company. If there is a need to mail any items to you, there will be an added shipping and handling fee.

Initial _____

FRAGRANCES

Due to the sensitivity of some of our patients, we ask that you wear no fragrances such as perfume, cologne, after-shave, or strongly scented lotions and/or hair products on the day of your appointment.

Initial _____

INSURANCE

Major Medical: We do not accept insurance assignments on your major medical insurance policy. Your insurance company will reimburse you directly whatever they determine to be reasonable and medically necessary per their own guidelines.

Initial _____

Personal Injury Protection (ie. auto accidents): We are not accepting these cases at this time.

Initial _____

EMERGENCY SERVICES

This office does not provide emergency services. If you feel you need emergency care and the doctor is not available, please call your medical doctor or go to a Walk-in-Clinic or hospital emergency room. Notify us as soon as possible as to what has occurred. We will help in whatever way we can.

Initial _____

These policies and your understanding and agreement with these policies will allow this office to operate most efficiently. Thank you for your help in applying them.

I understand and agree to abide by the above policies. I also understand that this office policy supercedes any previously signed Office Policy.

Patient Signature _____ Date _____
(or patient guardian if under 18)

CONFIDENTIAL