

OFFICE POLICIES

APPOINTMENTS:

One of my goals is to **resolve** your health issue(s) by understanding the cause of your problem(s), rather than just treat your symptoms. The success of this goal depends in part on your ability to follow through with instructions for changes to be made between visits. It is also important for you to keep the scheduling of your next office visit as close as possible to the recommended time of your return. ***If a follow-up appointment must be canceled, no charge will be made if notice is given at least 24 hours in advance (48 hours for new patient appointments).*** This means a Thursday call for a Monday initial appointment. If this is not done, a one-hour visit fee will be charged.

I do my best to run on time. I work with each patient until I accomplish what needs to be done in that session, therefore I sometimes run behind. If you want to arrive after the scheduled start time of your appointment, please call ahead and verify how far behind I am running and we'll give you our best estimation.

FEES, BILLING, & PAYMENT:

My fee per hour is \$252 (\$264 effective March 2024) with lab work and/or other materials (such as nutritional supplements) charged separately if they are needed. Initial visits *average* 2 hours in length so I can get a thorough understanding of your concerns as well as treat you during this session. Subsequent sessions are usually 1 hour. The fee you will be charged is based upon the time I spend with you, not the time blocked off for your appointment. To clarify, if for example, I only see you for 30 minutes during a follow-up visit, then you would be charged for ½ hour, not the full hour that was initially blocked off. Likewise, if your visit requires more treatment and therefore lasts longer than the scheduled one-hour, you will be charged accordingly. I am easily accessible through email at doc@drtoddanderson.com. There is no charge for this service and I most always respond within 24 hours.

Payment is due at the end of each session. You are solely responsible for the charges you incur in the office. You will be given forms to submit to your insurance company to do your own filing so you receive the reimbursement you deserve based upon your policy limits. The insurance codes will reflect services provided during treatment. Although we will not file your insurance for you, the office staff will help you as best as they can. If you are a Medicare patient, you will be asked to fill out a Beneficiary Notice during each visit. If you have questions regarding this please ask the staff. I am not a participating provider of any insurance plan.

EMERGENCIES:

In case of emergency, please call the office (763) 760-9176 and leave a message. Your call will be returned as soon as possible. In the event that I do not return your call in a timely manner, you should go to your local emergency room or call 911.

CONFIDENTIALITY:

Our work together is completely confidential, as are your records. Your explicit permission is required to release information about your treatment to doctors, insurance companies, family members, or others.

PLEASE SIGN BELOW INDICATING THAT YOU HAVE READ, UNDERSTAND, and FULLY AGREE TO THE ENTIRE CONTENTS OF THIS PAGE, INCLUDING THE INITIAL 48 HOUR CANCELLATION FEE CHARGE and SUBSEQUENT 24 HOUR CANCELLATION POLICY. THIS FORM MUST BE IN OUR OFFICE TWO WEEKS PRIOR TO YOUR FIRST APPOINTMENT.

Name (printed): _____

Name (signed): _____ Date: _____