



Policy Agreement

Cancellation Policy:

We have a 48-hour cancellation policy stating that we require at least 48-hours advanced notice for cancellation of an appointment. In the event that you do not give a 48-hour notice or fail to show for a scheduled appointment you will be charged up to the full amount of the missed appointment. This agreement is acknowledged by a credit card number on file to hold any appointments.

Return Policy:

Supplements can only be returned if they are unopened AND if it has been less than 30 days since the product was purchased, with a receipt present. Please note that there is a 20% restocking fee for all supplements returned. Perishable supplements including probiotics and fish oils cannot be returned. *Special order supplements (supplements NOT normally carried in store) are NON REFUNDABLE and must be paid in full at time of order. Skin care products may only be returned if there was an allergic reaction to the product and if our office is notified immediately (within 1 week of the purchase date). Our skin care professional must also observe the reaction.

Medicare/MediCal Patients:

We regret to inform you that Medicare and MediCal are not covering any services provided by Naturopathic Doctors, including but not limited to office visits, blood work, prescriptions etc. Please be sure to check with your insurance provider regarding their policies for Naturopathic Doctors and reimbursement for office visits, as we are private pay office.

Parents:

Children need to be supervised at all times. We cannot have children running in the halls or being loud as we have spa treatments being done in our facility. You are welcome to go for a walk while waiting for your appointment if necessary.

When the fireplace is on it is very hot to the touch. If touched there is a risk of being burned. Please supervise your child at all times. By signing this policy you agree to release PNMC of any liabilities caused by failure to comply.

_____ (Initials)

Cell Phones:

Please do not use cell phones in the office. You are welcome to step outside to make or receive a call. By signing this policy agreement you consent to comply with our policies. We look forward to serving you and your healthcare needs.

PLEASE NOTE: Patients are advised to maintain continued care and follow up with their current specialist. Patients being treated for Tick Born diseases must maintain primary care, in addition to consulting with Dr. Thoring.

I have read, understand, and agree to comply with the terms of your office Policy.

Signature of Patient/Guardian

Date