



## Office Policy

Vita Sana Medical Center  
4300 N. Miller Rd, Ste 144  
Scottsdale,  
AZ 85251

Our Clinical experience tells us there are 2 factors involved in reaching maximum correction and long lasting results, **the length of time the condition has been present, present limiting factors**, and last, but not least, **your cooperation in following recommended plans of treatment. Your** participation and commitment are essential for your naturopathic care to be effective.

\_\_\_\_\_ **MISSED, RESCHEDULED, AND CANCELLED APPOINTMENTS:** Please call the office if you are unable to arrive **ON TIME** to your appointment. Should you need to reschedule an appointment, please call our office a **minimum of 24 hours** in advance to do so, to avoid any missed appointment fee.

- **\$50.00 per Scheduled Treatment/Visit**

I hereby acknowledge that I am receiving or about to receive health care at Vita Sana Medical Center. I understand that should my account fall delinquent for any balances I may occur and I have not established a new payment plan between this office providing the services and yourself, my account may be turned over for legal collection and reported to the credit bureau. In the event my account is turned over the collections, I agree to pay the cost of collection including reasonable attorney fee. I also understand that I am responsible for any additional collection fees up to 50% of the total amount due to this office in addition to uncollected balance being sent to collections. All accounts unpaid after 60 days will be turned into collections and reported to the American Credit Bureau.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Responsible Part Signature

\_\_\_\_\_  
Provider Signature