



712 D Street., Ste C
San Rafael, CA 94901
Ph: (415) 785-3347

MEDICAL CONSULTING CONTRACT

Philosophy:

Naturopathic medicine recognizes the inherent healing ability within every person. The doctor's role is to identify and help remove obstacles to healing and recovery (rather than suppress symptoms), and to facilitate and augment the self-healing process. Several basic guidelines to care are to use methods and medicinal substances which minimize the risk of harmful side effects, to use the least force necessary to evaluate and apply care, to avoid when possible the harmful suppression of symptoms, and to acknowledge, respect, and work with an individual's innate ability to heal. A naturopathic doctor educates her patients on how to achieve balance and health in their lives. *Patients are expected to play an active role in their health care and are ultimately responsible for their own healing.*

I, _____, am a responsible patient. As such, I take full responsibility for my health and my healthcare. I will work hard to care for myself. I understand that my doctor cannot help me if I will not help myself. I expect my doctor to offer me her best advice based upon her medical training and the information I provide to her. I understand that without my active participation, my doctor's ability to help me is limited. I understand that my doctor is the consulting partner and I am the working partner. Working together, we can accomplish great things.

Services Available:

- **Hormone Balancing** – complete assessment of the endocrine system for imbalances including laboratory testing
- **Natural Fertility Care/Preconception Consulting**
- **Pediatric Consults including individualized vaccination schedules and antibody titer testing for immunity**
- **Wellness/Disease Prevention Consultations**
- **Metabolic Detoxification** - Treatment process designed to improve organ function that has been compromised by poor diet, environmental toxins, parasites, and stress
- **Food Allergy/Sensitivity Identification**
- **Botanical Medicine** – the use of medicinal herbs to treat or prevent disease
- **Orthomolecular Medicine** (The use of isolated nutrients to enhance the body's function on a molecular level.)
- **Nutritional Counseling** (Practical dietary recommendations tailored for individual needs.)
- **General Counseling & Life Coaching**
- **Supplement Assessment**

NOTE: primary care is NOT offered as the services provided are intended as specialty medical consulting. It is recommended you have a local primary care doctor.

Cancellation Policy:

- 24 hours advance notice is required. If you do not provide this notice, you will be *charged in full* for the scheduled time. Appointment changes must be made via voicemail/phone by contacting office at (415) 785-3347; **email communication is not acceptable for appointment cancellation or symptom reporting.**
_____ **(initial)**
- If you are late to an appointment, you will only have the time remaining in the scheduled appointment and you will be billed for the *full* amount of the visit. This may not allow sufficient time as determined by the doctor to receive a specified treatment and you may need to reschedule.

Financial Policies:

- Payment is expected at the time of service.
- Telephone appointments require credit card on file to charge same day for services provided. By initialing, you agree to authorize the use of the credit card information you provide to pay for telcons and/or shipment of supplements to you. Further, you acknowledge a 3% credit card convenience fee for all credit card transactions: _____ **(initial)**
- Cash, check, VISA/MasterCard are accepted for service fees and dispensary items. “Cash” includes personal or business checks.
- Naturopathic services are sometimes covered under insurance policies. Please check with your insurance carrier. NOTE: If you intend on submitting invoices to your insurance company for reimbursement, you *must* notify the doctor at the start of your visit so that she can follow the visit guidelines required by the insurance industry and code your invoice properly.

2025 Fees for Service:

Preconception/Fertility Care:

- First Office Visit (90 minutes) - \$500
- Return Office Visits charged by time at \$100 per 15 minutes or \$400 per hour
- 6 month & 12 month inclusive packages available (ask for details)

Medical Consultations/Specialty Care Appointment:

- First Office Visit - \$350 (duration of visit is approximately 90 minutes.)
- Brief Visit (15 minutes) - \$85
- Return Office Visit (30 minutes) - \$150
- Return Office Visit (45 minutes) - \$225
- Return Office Visit (60 minutes) - \$300
- Return Office Visit (75 minutes) - \$375
- Return Office Visit (90 minutes) - \$450

- Return Office Visit (105 minutes) - \$525
- Return Office Visit (120 minutes) - \$600

Additional Services

- Telephone appointments (“telcons”) are available for your convenience if your presence is not required and are billable at the regular rate. *Payment by credit card is required.* By initialing, you agree to authorize the use of the credit card information you provide to pay for services provided plus a 3% credit card transaction fee _____ **(initial)**
- *Email communication is no longer available* unless requested by the doctor (i.e. to forward information the doctor has requested you email). If you have made arrangements for email communication, please *note health information requests are billable at a minimum response fee of \$85.* Billing rate is based upon time required for doctor to respond. (See General Care Visits above) _____ **(initial)**
- Laboratory tests performed by outside laboratories will be billed to the patient by the outside service.

If you have questions regarding your treatment, please review the care plan provided to you at your last visit before calling. Many times, the information you are looking for is contained on this form. If the answers you seek are not on this form, please contact the doctor. Be sure to leave a phone number and time when you can be reached. Phone calls will be returned as soon as time permits, usually within 24 hours.

- Clarification of your current plan via telephone is generally free unless it requires more than 5 minutes to communicate. It may be recommended by the doctor that you schedule an appointment to adequately meet your needs. If the phone conversation continues beyond the 5-minute mark, you will be billed in 15 minute increments at the same rates as Medical Consultations/Specialty Care Visits.

Supplement Policy

- I no longer order supplements directly for patients. I do have a Full Script dispensary where you can order recommended supplements by going to my website www.famtreamed.com under Services, Supplement Ordering. Click on the hyperlink Dr. Lisa Miller’s FullScript Account to begin process of setting up your account.
- You are free to get your supplements ANYWHERE, except it is critical for you to purchase and use the exact recommended product so I know you are taking the most effective and highest quality products to achieve your health goals.

Medical Records:

Records, including lab results, are generally not available on a walk-in basis. A medical records release form must be filled out, including patient signature and date to release information to anyone other than the patient. It may take up to 10 working days for your request to be processed and records to be mailed out. Patient’s requesting a complete copy of medical records will be charged \$25 fee to cover copy costs, administrative time, and postage to patient.

I give consent to be evaluated and treated by Dr. Lisa Miller, ND. In addition, I have read and fully understand the above information regarding my responsibility for self-healing,

the role of my naturopathic doctor as a consultant, the consulting services available, fees for service, cancellation policy, financial policy, supplement policy, consent for treatment, and medical records release. In addition, I have also read and understand the attached NOTICE OF PRIVACY PRACTICES, which discusses my rights under the Health Insurance Portability and Accountability Act of 1996.

We reserve the right to change the terms of this Contract at any time without advance notice.

Signature of Patient or Guardian

Date