



Nicole Schertell, ND / Johanna Mauss, ND
501 Islington Street, Suite 2B
Portsmouth, NH 03801
Ph: 603-610-8882 Fax: 603-463-0943

WELCOME TO OUR PRACTICE

Vibrant Health is an integrated medical clinic that combines conventional and natural therapeutics to provide safe and effective medicine for the “whole family.”

Our Services Include:

- Personalized Holistic Treatment Plans
- Botanical & Nutritional Medicine
- Full Natural Pharmacy
- Homeopathic Prescriptions
- Wellness and Nutrition Education
- Advanced Laboratory Testing
- Physical and Gynecological Exams
- Personalized Cleanse Programs
- Simeons HCG Weight Loss Program
- Full Body and Breast Thermography
- IV Therapy
- Acupuncture
- Sunlighten Infrared Sauna Treatments
- PEMF Therapy
- Lipo-Laser Fat Loss
- Natural Aesthetics

WHAT TO EXPECT WHEN YOU VISIT

New Patient Establishing Care - First Visit

A typical first office visit for a Naturopathic patient averages 1 ½ hours long. This includes an extensive health history, physical exam, possible laboratory work and an initial treatment plan.

New Patient Establishing Care - Second Visit

In most cases, a one hour follow-up appointment will be scheduled in two to six weeks to discuss lab results and evaluate the progress of initial therapies. We are here to assist you in healing and achieving wellness. This requires a commitment on your part to keep scheduled appointments so we may work together as a team.

Laboratory Tests

We do a variety of lab testing (additional cost may be incurred). We will always use your insurance to cover labs, as much as possible. In some cases, additional “specialty” blood work may be required, and it is the responsibility

of the patient to cover the additional fees of testing. *If there is urgent cause for concern regarding your results, you will be contacted by your doctor or staff.* We do not routinely call patients for lab results that are normal or non-emergent. All lab results must be reviewed during your scheduled follow-up visit, with the exception of routine normal bloodwork. If you wish to have a copy of your labs prior to your follow-up appointment please provide a minimum of 48 hours' advance notice to our office as labs will not be released under any circumstance until the doctor has read them.

Reaching Your Naturopathic Doctor between Visits

We understand you may have questions about your treatment plan or you may need to inform your doctor of new developments. If you have a question or concern that cannot wait until your next visit, we encourage you to call. Our staff will attempt to get your questions answered promptly or to schedule you with your doctor as needed.

Email Usage

Email use is for established patients only. It may be used for clarification of an on-going treatment or treatment received within the last 30 days. Emails should involve simple or straight-forward requests. More complex email requests requiring medical decision making that are essentially an "email appointment", may be charged accordingly based on our standard billable hourly rate. Emails should be non-emergent, and will be responded to within 48 business hours. For the patient's safety and to uphold a high standard of care, new conditions should be evaluated and treated in-office. Our email address is: enaturopath@gmail.com.

For Urgent Concerns

Please let our receptionists know you have an urgent concern and they will schedule an appointment that day or as soon as possible with your doctor. We will always do our best to accommodate you! If it is difficult for you to come in for an office visit, a phone appointment may be arranged if the doctor deems it appropriate.

Phone Appointments

Phone appointments are offered as a courtesy to our patients who are unable to make an office visit due to long distance or other factors. It is also more cost effective for some patient who require a brief 15 min visit for continuance of care. We ask you to pay for phone appointments by credit card at the time of the appointment. Phone appointments are charged a minimum of \$50 for up to 10 minutes, and additional time is billed \$4.66 per minute based on the actual time incurred. Keep in mind the doctor may need to see you in person. Medications requiring a prescription such as antibiotics, controlled substances, or hormone medications may require an *in-office* visit.

After-Hours Emergencies

If you feel that you have a medical concern that cannot wait until the next business day, you may call our emergency line at 603-294-5925. Leave your name and phone number starting with the area code. Patients utilizing our after-hours emergency service, please note that while brief conversations are generally free of charge, this service will be billed as if it were an office visit for lengthy conversations. *Excessive use of this service for non-urgent concerns will also incur a charge.*

Medical Emergencies

Please call 911 or go directly to your local emergency room.

Natural Dispensary

You will usually be prescribed specific nutritional, botanical, hormonal or homeopathic medicines at the time of your visit. These products have been chosen for their quality, potency and specificity to meet your needs. We offer a fully stocked natural pharmacy, with products that have demonstrated clinical effectiveness and safety.

Dispensary Orders

PLEASE ALLOW 48 HOURS ADVANCE NOTICE TO FILL YOUR ORDER

Providing the manufacturer's name, product name, quantity & size will greatly increase your chances of getting your order filled faster. Otherwise, the advance notice allows the time necessary for a staff member to look up this information before filling your order.

METHODS OF DELIVERY AND PAYMENT OPTIONS:

- Payment for supplements is expected at the time of order. For your convenience, you may pay with a credit or debit card over the phone.
- You may pick up your items during our hours of operation: M, T, Th from 9:00 – 5:00, W & F from 10:00 – 4:00. Remember to call ahead.
- We can ship your items by either UPS or regular mail. Shipping fees will apply.
- Orders over \$80.00 receive free shipping up to a value of \$9.00.
- Call **603-610-8882** and Press Option #2 for the Pharmacy to call in refills.
- Email your order to enaturopath@gmail.com
- Special orders and/or prescriptions may need extra time to process and must be **pre-paid**.

PHARMACY RETURN POLICY

- Items may be returned for *refund* within 15 days.
- The product must be sealed and in its original condition.
- Items may be returned for a *credit* within 30 days, also sealed and in its original condition.
- We *cannot refund or credit* items that are special orders, custom tinctures, require refrigeration or that have been opened.

FINANCES

First Office Visit – Establishing Care:

The fee for a first office Naturopathic visit with Dr. Schertell or Dr. Mauss is \$390.00.

We also offer several focused consultation visits for the purpose of providing a specific therapy only, including:

Prolozone or Ozone Consultation & Treatment for 1 Joint \$250 (60 minutes) each additional joint \$95

PEMF Consultation & Treatment \$150 (15 min consultation, 30 min treatment) You are eligible to apply this fee towards a package IF purchased on the same day.

IV Therapy Consultation (no treatment included) \$190 (up to 60 min)

Second Visit: A typical first follow-up visit may range between \$180-\$320 (45-90 minutes). Most patients require 1 hour follow-up (\$225) for their first follow-up.

Regular Follow-Up Visits: Our staff can provide you an estimate range for the cost of your upcoming visit, but the exact appointment fee is determined at the time of your visit and based on actual time needed to address all of your healthcare needs. Since our practitioners strive to be thorough and address all of your questions and concerns, they may need to spend a little more time with you than anticipated.

In office visit up to 30 minutes: \$140

In office visit up to 45 minutes: \$180

In office visit up to 60 minutes: \$225

In office visit up to 75 minutes: \$275

In office visit up to 90 minutes: \$320

Method of Payment

Payment is expected at the time of service. We accept cash, checks, debit and credit cards. Returned checks are subject to a \$25 administration and banking fee.

Our Cancellation Policy & Insurance Policy is outlined on the on the following page, requiring your signature. You may request a copy of this policy for your own records at any time.

Missed Appointments & Our Cancellation Policy

We consider it an honor and privilege to be of service to you and hope to establish a long and mutually satisfying relationship. We do understand that extenuating circumstances can prevent you from keeping an appointment; however, we request that any cancellation or rescheduling be made **at least 24 business hours in advance of your appointment and 48 business hours in advance for all new patient appointments**. We value your time and hope that you value ours! Missed appointments or appointments cancelled less than 24 hours in advance affect us all and prevent us from being able to serve others who are ill and in need of care.

Appointments that are not cancelled or rescheduled 24 – 48 hours in advance will incur a minimum charge of \$25.00 or 50% cancellation fee. This is inclusive of all appointments and therapies in our office.

_____ (initial here)

We provide reminder calls or text/email reminders before your appointment as a courtesy. However, you are ultimately responsible for remembering scheduled appointments. Stating that you did not receive a reminder call or that the call was made after the 24-hour deadline, does not make your missed or cancelled appointment an exception to our policy.

Health Insurance

We are not a contracted provider with any insurance company, therefore, we cannot submit claims directly to your insurance carrier. We can provide you with a superbill that includes medical codes for your treatment, diagnosis, and itemized fees. You may submit this to your insurance company for reimbursement. Medicare will not pay or reimburse for ANY services rendered by a Naturopathic doctor nor will they pay or reimburse for lab services ordered by a Naturopathic doctor. Superbills will not be provided to Medicare patients. If you have Medicare or Medicaid, and the practice is billed for any labs you've had done that were not covered, you will be billed and responsible for the cost of these labs.

_____ (initial here)

Please sign and date the following page to indicate that you understand and agree to the above policies within this "Patient Welcome Packet".

Revised 3/11/14, 4/21/14, 4/26/16

I have read and understand the policies in this Welcome Packet. I agree to pay for services at the end of each appointment. I also agree to provide 24 -48 hours' advance notice to cancel my appointments or the credit card held on file will be charged as outlined above.

Patient Name (Printed)

Date

Patient Signature

Date



CREDIT CARD ON FILE-BILLING AUTHORIZATION FORM

The card provided must be a **CREDIT CARD**, not a debit card, to avoid problems related to non-sufficient funds transactions.

Information to be completed by cardholder:

The undersigned agrees and authorizes **Vibrant Health** to charge the credit card indicated below at any time for any account balances which include but are not limited to all purchases, late fees, past due debts and bills, all purchases made with bad checks or uncollected funds, or any debt owed to **Vibrant Health** for any reason whatsoever.

Patient's Name: _____

Name as it appears on the card: _____

Credit Card Billing Address: _____

City, State, Zip Code: _____

Phone # (s): _____

Type of Credit Card: MasterCard Visa Discover American Express

Card #: _____

Expiration Date: _____ (month/year)

Security Code: _____ (last 3 numbers on the back of card or 4 numbers located on the front of card if it is an American Express)

I, _____ authorize Vibrant Health to process the above credit card as "Signature on File" for any balance due or charge on my account. I also certify that all of the information above is current and correct.

Card Holder Signature

Date