

DR. JULIA PARKE N.D.

1619 Beagle Ct.

Ventura CA 93003

OFFICE POLICIES

Welcome! We look forward to working with you on your healthcare needs. This document contains important policy information that pertains specifically to you. Please read over the entire document, if you have any questions please feel free to ask Dr. Parke.

Appointments

We consider an appointment to be an agreement between you and our office. This is a busy practice and the we take pride in helping each and every person. If for any reason you need to and do not cancel your appointment your physician becomes unable to provide service to another patient during your scheduled time. We are responsible to provide our services, or to inform you otherwise; you are responsible for keeping the appointment or giving us a 24-business hours notice of cancellation. Should you decide not to keep the appointment without giving the appropriate notice, you will be charged an **\$75.00 cancellation fee**. In order to enforce this you may be asked for a credit card to hold your appointment. Your credit card will not be charged unless you miss your appointment without at least a 24-business hour cancellation. Please note that insurance companies do not reimburse for missed appointments.

_____ please initial

Payment

PURE Health requires payment in full at the time services are rendered. For your convenience we accept **Check, Cash, Visa or Mastercard** payments. There will be a **\$25.00 fee** for all returned checks.

_____ please initial

Insurance

Dr. Parke ND. Is not a recognized provider for any insurance companies in California nor does she submit claims to insurance companies on your behalf. We will however, provide you with the information necessary for you to submit your claim to your insurance company. This does not insure any coverage from your insurance company.

_____ please initial

Emergencies

If you have a true medical emergency or serious medical concern you are to call 911 immediately. If you have an urgent medical concern please call the office; if it is after regular business hours, please leave a message for Dr. Parke **541-513-1978** and someone will return you call the next business day, if you feel you can not wait until the next business day it is your responsibility to seek the appropriate medical care.

_____ please initial

I have read this document completely and I understand and agree with all of its contents demonstrated by my signature below.

_____ Date: _____
Patient Signature

Printed Name