TREE OF LIFE NATURAL MEDICINE

Dr. Andrew J. Kaufmann, ND, P.L.C.
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WELCOME! Congratulations on your new endeavor towards optimal health!

Below are the current fees/rates:

Initial Visit (up to three hours)…….. $375.00
Follow up Office Visit or Phone Consultation (fifteen minutes)…… $45.00
Follow up Office Visit or Phone Consultation (thirty minutes)…….. $90.00
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Please note: Office Visit and Phone Consultation fees subject to change without notice

Financial Policy

We are committed to providing the best medical care possible. Please understand that the payment of your bill is considered a part of your treatment. The following statement explains our financial policy in which we ask you to read and sign prior to your treatment. Your payment is due at the time services are provided.

Naturopathic medicine may be covered by some insurance plans. Check with your insurance company to determine if this is a covered benefit. Tree of Life Natural Medicine does not submit billing claims. A superbill will be provided for you to send in to your insurance company for reimbursement.

Returned Checks
For checks returned to us as unpaid by your bank, you will be charged a $35 fee.

Missed Appointments
Please provide at least 24 hours notice of cancellation as a courtesy. Our policy is to charge one-half of the visit cost without appropriate notice. Please help us to serve you better by keeping scheduled appointments.

Payment Plans
If you are unable to pay your balance in full at the time of your visit, payment arrangements may be made. Please discuss your situation with the Office Manager so that a payment plan can be created for you.

I understand I am financially responsible for the charges that I incur during my treatment under the care of Tree of Life Natural Medicine. I have read and agree to the financial policy.

I understand and agree that regardless of my insurance, I am responsible for the balance on this account for any services, supplements, medicines, and laboratory work.

Patient _____ Date _____
Sign

Patient _____ Witness _____
Print Sign