

NOR CAL Natural Medicine

June E. Stevens ND

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(530) 691-4115

New Patient Office Policy

Our medical office operates as a fee for service cash based office. At this time, we do not accept medical insurance coverage plans. Upon request, we will provide you with a copy of your invoice, thus allowing you to submit directly to your insurance company.

Therefore, payment in full is expected at the time of service. If you are unable to pay in full, you may inquire about payment options. Payments may be made with cash, check, debit or credit card. There will be a \$35.00 returned check fee, in addition to bank fees, applied to any check not cleared for deposit.

We also have a 24-hour cancellation/reschedule policy. If you know you will be unable to make your scheduled appointment time please contact our office within 24-hours prior to your scheduled appointment time to avoid a \$ 85.00 fee for the missed appointment.

By signing below, I have read and understand this policy. I guarantee full payment of all charges incurred as a patient.

Signed _____ Date _____

Printed Name _____

Parent of Guardian (minor) _____ Date _____