

Dr. Alice Holman, N.D., L.Ac.  
Naturopathic Medicine and Acupuncture

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Phone: (435) 615-2020 • Fax: (888) 977-1975

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Welcome and thank you for choosing Holman Health.

**Financial and Clinic Policy**

All services are payable at the time they are received.

We accept cash, checks, Visa, MasterCard and American Express.

Please make all changes to appointments by calling the office NOT by email or text.

**Insurance Policy**

You will be responsible for paying for your visit and supplements at the time of service. As a courtesy to you, we will provide you with a receipt, which you may submit to your insurance company. This does not guarantee reimbursement by your insurance company.

Knowing what your insurance plan covers prior to your visit will prevent any unwanted confusion. It is important that you understand your policy and any possible limitations of coverage. Some insurance plans will cover naturopathic and acupuncture visits with Dr. Holman as an out of network provider. Medicare and Medicaid plans do not cover visits with Dr. Holman.

Lab services, including bloodwork, imaging and other third-party (the lab/imaging company) orders will be billed directly from that third-party vendor. Holman Health has no affiliation with third party vendors. Thus, Dr. Holman has no responsibility to guarantee what is covered by your insurance company. Most specialized labs such as food allergy testing and heavy metal testing are not covered by insurance and you as the patient will pay the lab directly.

**Rates**

Please ask for a copy of our rates, or call our office for our rates.

**Cancellation and Late Arrival Policy**

**\*\*\*Please call rather than email if you have to reschedule or cancel your appointment.**

In the event that you are late, the time will be deducted from your visit rather than delaying the next patient's visit. If you need to cancel and/or reschedule your appointment, please allow at least **24 hours** prior to your scheduled appointment time to reschedule. Missing or canceling your appointment without giving at least 24-hour notice will result in you being charged a **\$60.00** fee. This fee will be your responsibility and will not be billed to your insurance company.

**For new patients, you will be charged a \$150.00 nonrefundable fee** to hold an appointment. This fee will go toward your first visit cost.

**Prices & fees are subject to change without notice.** Any unpaid balances on the account(s) for which I am liable will bear interest at the highest allowable rate per month if not paid within 30 business days.

**Late cancellation/no show fee \$60\_\_\_\_\_ (Please initial)** if cancel within 24 hours.

I acknowledge that I have read and fully understand this financial policy. I agree to the above stated fees and charges. All of my questions have been answered.

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Signature of responsible party

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Date signed