

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

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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 and MasterCard.

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. Many 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, imaging and other third-party orders will be billed directly from the third-party vendor. Holman Health has no affiliation with third party vendors. Most specialized labs such as food allergy testing and heavy metal testing are not covered by insurance.

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 the entire amount for said appointment.** This fee will be your responsibility and will not be billed to your insurance company. **For new patients, you will be charged \$150.00 nonrefundable fee to hold an appointment. If you miss this appointment, the \$150 is nonrefundable, and will be your no-show fee for your new patient appointment.**

Otherwise, 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 for established patients (full amount for missed appointment) _____ (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.

Signature of responsible party

Date signed