



(IN-OFFICE) FEE SCHEDULE AND POLICIES - EFFECTIVE: FEBRUARY 16, 2016

ADDRESS

630 S. Glassell St. #103
Orange, CA 92866
Phone: 714-639-4360
Fax: 714-639-8811

POLICIES

It is important to read all the enclosed information carefully and mail all attached forms to my office at least 5 days prior to your appointment. If your patient packet is late, it can take up time during your appointment to review your records.

FEES - Chiropractic and Natural Health Consultations have separate fee schedules.

Your initial natural health consultation will last either 60 or 90 minutes, depending on complexity of issues to be gone over. (This may include: a review of all records and lab tests; preparation for the initial consultation [research]; consultation, examination and muscle response testing; a personalized dietary, supplementation and/or exercise, educational program(s); time for questions. This may also include recommendations and modifications to your lifestyle.

Natural Health Client Initial Consultation Fee Schedule

- **60 Minute, New Patient Consultation Fee \$350**
- **45 Minute, New Patient Consultation Fee \$264**
- **30 Minute Consultation Fee: \$175**
- **15 Minute Consultation Fee: \$88 (Most follow-up visits)**

Chiropractic Initial Exam and Adjustment Fees:

- **Adults \$55 per visit**
- **Children 14 and under \$40 per visit**

CONFIRMATION AND CANCELLATION OF APPOINTMENTS

The following cancellation/rescheduling policy was created in order to protect the large blocks of valuable time that Dr. Ettinger allows for every patient visit and to be fair to those people on waiting lists who would like an appointment. Please read the policy carefully so there will be no misunderstanding. There is a 48 hours (2 day) Cancellation or Rescheduling policy. The 48 hours includes business days only, and excludes the weekends, so that a Tuesday appointment needs to be cancelled by the previous Friday. We reserve the right to charge your credit card the full amount of the visit if it is not canceled or rescheduled before this 48-hour deadline.

You may cancel or re-schedule one appointment with no penalty. If you cancel or re-schedule two consecutive appointments, you will be charged for one appointment.

LATE ARRIVAL APPOINTMENTS

I am committed to being on time with patient appointments in order to prevent you, and other patients, from unnecessary waiting. If you arrive late to the office for your consultation, your

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appointment will end at the scheduled time and you will be charged for the length of the scheduled visit.

PAYMENT OPTIONS

When you schedule the initial consultation, we request a credit card on file to hold the appointment for you. In addition, it is important to maintain an active credit card on file with our office for billing of follow-up consultations. No charges will be applied to your credit card unless you miss or cancel an appointment without proper notice (see Cancellation Policy). On the day of your scheduled appointment, any charges will be itemized and payment is due on the day of service.

MEDICAL RECORDS

Medical records can only be released with your authorization. It is your responsibility to obtain previous medical records from other physicians or health care providers that you wish Dr. Ettinger to review. If you feel your medical records are pertinent to your appointment with him, please contact your physician or other health care provider to obtain these records and make sure that we have received them at least 5 days prior to your initial appointment.

Your records can be mailed to: Marcus Ettinger 630 S. Glassell St #103, Orange, CA 92866 or faxed to 714-639-4360.

INSURANCE INFORMATION

I do not accept health insurance, am not a Medicare provider, and do not assist in the resolution of insurance claims. However, I will provide patients with a receipt which you can submit to your insurance carrier and, when applicable, include appropriate medical codes in your records.

PHONE CALLS & MESSAGES

I encourage patients/clients to e-mail with questions rather than calling-in. Please be as succinct as possible and pose your question in a manner that will not require a lengthy response. Yes and no types of questions are preferred and can be sent as often as you like. Dr. Ettinger's email: info@advancedhealing.com

Please note that we cannot guarantee a secure email system; we do not use encryption or other methods in our communication with patients. In agreeing to work with Dr. Ettinger, you are consenting to him using regular email to send and receive your patient information.

If there is need for longer discussion regarding new symptoms or new concerns, then I recommend you schedule an additional follow-up appointment. Questions that require longer than 5-minute responses fit this scenario. Additionally, if it has been longer than 8 weeks since your last appointment then I also recommend that you schedule a time to come in for further evaluation. If you need to call the office, the **Dr. Ettinger's phone number is: (714) 639-4360**. Please leave a message with the following information:

1. Your full name, spell your last name, and date of birth
2. Reason for call

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3. Best time to be called back and whether I may leave a message for you
4. Phone number(s)
5. Email address (if desired)

**PLEASE NOTE THAT THIS OFFICE DOES NOT
TAKE MEDICAL EMERGENCY CALLS!**

If you have a medical emergency, call 911 or go directly to the nearest emergency room.

SUPPLEMENTS

You will be able to purchase most, if not all, of your supplements at the office. There is no obligation, however, to purchase supplements through this office. Overseas clients will need to do their own product sourcing, which can make it challenging to implement health plans at times, so please be aware of this. **Supplements, once sold, cannot be returned for a refund.**

RECORDING APPOINTMENTS

Electronic recording of appointments and/or conversations with Dr. Ettinger is strictly prohibited, unless prior approval is obtained.. It is illegal and unethical to record a medical appointment without the knowledge of the medical provider. If such recording takes place, legal action may be taken.

EMERGENCIES AND AFTER-HOURS CARE

Please note that I am not acting as your primary care physician. As a result, I do not address urgent care or primary care issues. I recommend that you have a primary care physician. If you have a serious health problem that requires immediate attention, you should call your other doctors(s), call 911, or have someone take you to the nearest hospital emergency room. If you notice an adverse effect from one of the components of your health plan, you should discontinue it and then email me.

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell:(_____) _____ Email: _____

Date of Birth: ____/____/____

Date: _____

Signature: _____

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