



(IN-PERSON) FEE SCHEDULE AND POLICIES - EFFECTIVE: 01 JANUARY 2019

ADDRESS

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

POLICIES

It is important to read all the enclosed information carefully and if possible mail, or scan and email to (info@advancedhealing.com), all of your forms/labs/tests to my office as soon as you can. This will help me to help you in a more efficient and timely manner.

Please note that I am not acting as your primary care physician. I am merely a private health consultant. I can also be your chiropractor. I can also be both. As a result, I do not address urgent care or primary care issues. I recommend that you have a current 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

FEES - Chiropractic and Natural Health Consultations are separate services and 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 will include: a review of all records and lab tests; preparation for your initial consultation [my research into your case], our direct consultation, and time for questions. This consultation will include recommendations and modifications to your lifestyle.

Follow-up consultations are scheduled as needed. These can be scheduled weekly or bi-monthly. The more committed you are to your health the faster you will reach your health goals.

Natural Health Consultation Fee Schedule Cash Discount Programs

- 60 Minute, Initial Consultation Fee: \$350 (\$315)
- 45 Minute, Initial Consultation Fee: \$264 (\$238)
- 30 Minute, Follow-up Consultation Fee: \$166 (\$149)
- 15 Minute, Follow-up Consultation Fee: \$88 (\$80)

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 are allowed for each consultation, and to be fair to those people on waiting lists who would like a consultation. Please read the policy carefully so there will be no misunderstanding. There is a 48 hours (2 day) Cancellation or Rescheduling policy. The 48

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hours includes business days only, and excludes the weekends, so that a Wednesday appointment needs to be cancelled by Monday. I 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. You may also be discharged from having any future consultations

LATE ARRIVAL APPOINTMENTS

I am committed to being on time for your appointment. If you arrive late to the office for your consultation, your pre-booked time will end at the scheduled time and you will be charged for the length of the scheduled consultation.

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 me to review. If you feel your medical records are pertinent to your appointment with me, 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 & E-MAIL (It's very important to review this, as fees may apply)

Please review my phone and email policies here - <http://www.advancedhealing.com/new-email-phone-call-policy/>

**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.

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SUPPLEMENTS

You will be able to purchase most, if not all, of your supplements from me. There is no obligation, however, to purchase supplements through me. 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.**

I will mail supplements if needed, for a fee. Once I mail the products I will email you the USPS tracking number. Once a product is mailed I accept no liability for its future, whether lost, stolen or damaged. I will not refund or replace for free any lost stolen or damaged product once it is mailed.

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.

I have read all of the above information regarding the policies and fees. I have had an opportunity to ask questions By signing below I agree to the above policies and fees.

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell:(_____) _____ Email: _____

Date of Birth: ____/____/____

Date: _____

Signature: _____