



## Office Policies and Fee Schedule:

**Please read each section very carefully and if you have questions or need clarification please ask Dr. Ettinger at the time of your initial consultation.**

### **POLICIES:**

It is important to read all the enclosed information very carefully. If possible please mail, or scan and email all of your forms, labs, tests to [info@advancedhealing.com](mailto:info@advancedhealing.com), as soon as you can. This will help Dr. Ettinger, to help you, in a more efficient and timely manner.

Please be advised that Dr. Ettinger is not acting as your primary care physician. Dr. Ettinger is merely a private health consultant. Dr. Ettinger can also be your chiropractor or both. As a result, Dr. Ettinger does not address urgent care or primary care issues. Dr. Ettinger recommends that you have a current primary care physician (PCP). If you have a serious health problem that requires immediate attention, you should call 911 or have someone take you to the nearest hospital emergency room. **Initial** \_\_\_\_\_

**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 the complexity of issues to be covered. This will include, but is not limited to, a review of all records and/or lab tests (this may include time before your initial consultation if tests are provided early); preparation/research for your initial consultation, consultation, and time for questions. This consultation will include recommendations and modifications to your lifestyle. Due to unforeseen circumstances, everything may not be covered or finalized on your initial visit. A second appointment (phone, zoom, or in-office) may be needed to complete your initial consultation, review of labs, and protocol recommendation. **Initial** \_\_\_\_\_

### **Natural Health Consultation Fee Schedule: (credit card rate) None CC Rate**

- |  |               |                |
|--|---------------|----------------|
| • 60 Minute, Initial Consultation Fee:   | <b>\$350</b>  | <b>(\$315)</b> |
| • 45 Minute, Initial Consultation Fee:   | <b>\$264</b>  | <b>(\$238)</b> |
| • 30 Minute, Follow-up Consultation Fee: | <b>\$176*</b> | <b>(\$158)</b> |

***\*The minimum follow-up appointment time is 30 minutes.***

### **Chiropractic Initial Exam and Adjustment Fees:**

- **\$55 per visit**

630 S. GLASSELL ST. #103 | ORANGE, CA 92866  
714-639-4360 | FAX: 714-639-8811

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**DISTANCE CLIENTS: (Additional Fees for - Review of Records, Preparation of Recommended Protocol, Emails, Phone Calls...).**

- **Each 15-minute block of time used will be \$88 credit card and \$80 Non-CC**

### **CONFIRMATION, CANCELLATION, AND NO-SHOWING OF APPOINTMENTS**

The following cancellation/rescheduling policy was created to protect the large blocks of valuable time that are allowed for each consultation, and to be fair to those people on a waiting list who would like a consultation. Please read the policy carefully so there will be no misunderstanding. There is a 48 hours (2 days) cancellation or rescheduling policy. The 48 hours includes business days only and excludes the weekends. A Wednesday appointment needs to be canceled by Monday. Dr. Ettinger reserves 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. **Initial**\_\_\_\_\_

#### **IMPORTANT: (each point needs to be initialed)**

**(1)** If you cancel without rescheduling before your recommended care is complete, you will be discharged from having any future consultations with Dr. Ettinger. If the missed appointment is not rescheduled 72 hours it will be assumed, by both parties, that care has been self-terminated. **Initial**\_\_\_\_\_

**(2)** You will receive an email and/or text message reminding you of your upcoming appointment. If you are a no-show for that appointment you will be discharged from having any future consultations with Dr. Ettinger. **Initial**\_\_\_\_\_

**(3)** If you no-show for your appointment and would like to still be a patient, you will be required to pay for the missed appointment and will be required to pre-pay for all future appointments. **Initial**\_\_\_\_\_

**(4)** If you are discharged and would like an outside referral to a recommended practitioner, please contact the office. Up to three referrals will be provided to you. Your forms and supplement list will be forwarded to the practitioner of your choosing. **Initial**\_\_\_\_\_

**(5)** I'm aware that Dr. Ettinger can't assume the liability for my healthcare if I choose to self-diagnose, self-treat, or self-determine when my original health concern(s) is/are resolved, stabilized, handled.., especially without a proper follow-up consultation and follow-up lab (blood) testing. **Initial**\_\_\_\_\_



## **LATE ARRIVAL APPOINTMENTS**

Dr. Ettinger is 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 your original scheduled consultation. **Initial**\_\_\_\_\_

## **FOLLOW-UP APPOINTMENTS:**

Typically, at the beginning of your care, you are seen for the initial visit and seen shortly thereafter, to measure treatment response and/or modify your continuing care program. Dr. Ettinger will provide you with the expected follow-up time at your appointment based on your individual needs and protocol. Generally, the goal of treatment is to help resolve current concerns and provide you with knowledge for better self-directed health care. Once your health is stable and you are thriving, Dr. Ettinger commonly recommends proactive check-ups 2-4 times a year, though most patients choose to continue with monthly appointments. **Initial**\_\_\_\_\_

## **ADDITIONAL EMAIL, TELEMEDICINE OR ZOOM SUPPORT FEE SCHEDULE:**

I will write up and/or verbally explain your nutritional protocol. I will do this in a manner for it to be as easily understood as possible. That said, you may feel you need additional clarification. Also, during your protocol, you may have many questions or situations that pop up that may require direct communication, which is normal and understandable. I am here for you as your coach and want you to succeed and regain the quality of health and life you desire.

I have a large health consultant and chiropractic practice. Responding to detailed requests via email is not possible nor an efficient way to get your questions or concerns handled without me spending adequate time on it.

Any additional time spent on the phone, Zoom, or through e-mail will be at a rate of \$30 per five (5) minute block of time. Please be mindful of this. You are encouraged to pre-purchase blocks of time. By doing so, you will receive a graduated discount. On average, most clients use between 60 - 90 minutes for fine-tuning and support. This fee can't be used for products. By written request, any unused time will be refunded. The refund will be prorated to the amount of time used, and may not be at the original (discounted) rate you purchased.

If you call or email me with questions that require more than a 'yes' or 'no' type of answer, I will send/explain this policy back to you with an estimate of the time I will need to handle your request. You can respond with a confirmation that you accept the terms or just call-in to schedule a time for a telemedicine consultation.

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**15-minute blocks of time - \$88**

**30-minute blocks of time - \$133 (20% discount)**

**60-minute blocks of time - \$246 (30% discount). This discount will also apply to any amount of time bought after your first 60-minute block of time is purchased.**

1. Future payments for all follow-up support will be made before such support is given and it's best to have this in place when you receive your protocol via email or first consultation.
2. If a credit card is kept on file your initials below grant Ettinger Inc. authorization to bill your credit card for time spent responding to your email inquiries, phone calls, or Zoom. **Initial** \_\_\_\_\_

### **REPORTS, LETTERS, WAIVERS, ETC...**

Dr. Ettinger does not write notes, reports, letters, or sign waivers, etc... of any kind. **Initial** \_\_\_\_\_

### **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. **Initial** \_\_\_\_\_

### **INSURANCE INFORMATION:**

Dr. Ettinger does not accept health insurance and is not a Medicare provider. Dr. Ettinger does not assist in the resolution of insurance claims. **Initial** \_\_\_\_\_

### **SUPPLEMENTS AND MAILING OF SUPPLEMENTS:**

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

Dr. Ettinger will mail supplements if needed, for a fee. Once mailed you will receive a USPS tracking number. Once a product is mailed Dr. Ettinger accepts no liability for its future whether lost, stolen, or damaged. Dr. Ettinger will not refund or replace any lost, stolen, or damaged product, once it is mailed. **Initial** \_\_\_\_\_

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## 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 a recording takes place, legal action may be taken. **Initial** \_\_\_\_\_

I have read and initialed all five (5) pages of Dr. Ettinger's policies and fees. I have had an opportunity to ask questions. I understand that I may receive a copy of this document if I choose. By signing below I agree and understand the above policies and fees.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_\_

**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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