



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.

Every form must be filled out, completely, and brought with you to your new patient appointment. If you arrive without your forms completely filled out, your appointment will be rescheduled and you will be subject to the missed appointments fee.

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)
Initial _____

FEES: Chiropractic and Natural Health Consultations are separate services and have separate fee schedules.

Your initial natural health evaluation and consultation will be between 60 or 120 minutes, depending on the complexity of issue(s) to be covered and the amount of records/tests that need to be reviewed. This initial office visit will include, but is not limited to, a review of all records and/or lab tests, consultation, time for questions, and the creation of a written protocol – ***Please be aware of the fact that your initial office visit may include time put-in before or after the in-person part of the visit.**
Initial _____

Natural Health Consultation, Email and Phone Correspondence Fee Schedule:

- \$350 – 60 Minute, Initial Consultation* (a credit card is needed up front to hold this time block of time)
- \$88 – Each additional 15 min (review of records, lab tests and/or detailed written program...)
- \$176** – 30 Minute, Follow-up Consultation
- \$88 – 15 Minute, Follow-up Consultation
- \$30+ (Based on time) E-Mail or Phone Correspondence (please read email/phone policies below)

****Average follow-up appointment time is 30 minutes and over time will be reduced to 15 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

WWW.ADVANCEDHEALING.COM | INFO@ADVANCEDHEALING.COM



SCHEDULING, RESCHEDULING, CANCELLING, AND NO-SHOW APPOINTMENTS

The following (6) points were created to protect the large blocks of valuable time that are allowed for each appointment, and to be fair to those people on a wait list who would like an appointment. Please read these points carefully so there will be no misunderstanding. There is a 24 hours cancellation policy. **Initial**_____

(1) All scheduling and rescheduling are to be done by calling 714-639-4360. Making an appointment or rescheduling will NOT be done via text, email or FB messaging. Cancellations can be done via text, email, or FB message. **Initial**_____

(2) If you cancel your appointment without rescheduling, before your recommended care is complete, you will be discharged from having any future consultations with Dr. Ettinger. If the canceled appointment is not rescheduled within 3 days it will be assumed, by both parties, that care has been self-terminated. **Initial**_____

(3) You will receive an email and/or text message, through 'Setmore', reminding you of your upcoming appointment. If you are a no-show for that appointment, you will be discharged from having future consultations with Dr. Ettinger. Do not text back to the reminder text. Dr. Ettinger will not receive it. **Initial**_____

(4) If you no-show for your appointment and would still like to 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**_____

(5) 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. **Initial**_____

(6) I'm aware that Dr. Ettinger will not 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, or handled, especially without a proper follow-up consultation and diagnostic 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, no matter the reason, 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 consultation 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**_____

EMAIL, PHONE, TEXT, or LIVE ZOOM POLICIES:

Dr. Ettinger will write up and/or verbally explain your nutritional protocol. That said, you may feel you need additional clarification. Also, during your care, you may have questions or situations that pop up that may require direct communication, which is normal and understandable. Dr. Ettinger is here for you as your coach and he wants you to succeed and regain the quality of health and life you desire.

(1) All issues relating to your care are to be handled via a consultation. Exceptions to this rule would be a medical emergency.

(2) Please do not send Dr. Ettinger an email, text, or FB message asking for help personal thoughts, suggestions or to look at a particular article, video or supplement... You can send Dr. Ettinger a message that you would like to schedule a brief consultation to go over any concern or question you may have.

(3) Dr Ettinger is your coach, doctor or one of your doctors. Dr. Ettinger handles all business during business hours. Please be respectful of that.

(4) If you call or email Dr. Ettinger with a question that requires more than a 'yes' or 'no' type of answer, he will send/explain policies (1-3) back to you with an estimate of the time needed 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 phone or Zoom consultation.

You will already have a current credit card authorization form on file.

I have read and understand all of the above (4) points. **Initial**_____



REPORTS, LETTERS, WAIVERS, ETC...

Dr. Ettinger DOES NOT write notes, reports, letters, or sign waivers... of any kind or for any purpose. Please be respectful and do not ask. **Initial**_____

INSURANCE INFORMATION:

Dr. Ettinger DOES NOT ACCEPT OR BILL 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**_____

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**_____



CONCLUSION

I have thoroughly read and initialed all four (4) 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, understand and will abide by the above policies and fees.

Print Name: _____

Signature: _____

Address: _____

City: _____ State: _____ 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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