



## Mulberry Clinics Members Functional Consultation Agreement

**RATES:** Effective 02/01/2023, the member rate for an initial Functional Medicine Consultation is \$199. All follow up Functional visits are at a rate of \$149 per appointment. Visits are 60 minutes in length and are non-refundable.

**CREDIT CARDS:** We require a credit card number at the time of scheduling your first appointment. This credit card will be used to hold your appointment and will be kept on file to use for all appointments, labs, and supplements unless otherwise specified by you at the time of check out.

**RETURN CHECK POLICY:** Should you choose to pay with a personal check, there is a \$50 return check fee. This fee and the amount of check must be paid by cash or credit card before any further services are rendered.

**CANCELLATIONS AND NO SHOWS:** Patients are expected to pay for appointments not canceled within 48 hours prior to their appointment time. Failure to meet this expectation will result in a \$75 charge to the credit card on file.

**LATE ARRIVAL APPOINTMENTS:** In order to decrease waiting periods for all patients, we ask that you arrive 15 minutes early for your scheduled appointment time. This will allow time for any paperwork to be completed before your appointment. We are committed to seeing all patients in a timely manner; therefore, should you arrive late for your appointment, you may be asked to reschedule or you may have a shortened appointment time with the same charge.

**USING INSURANCE FOR TESTING:** If you are electing to bill your medical insurance for labs that have been ordered by Dr. Hutton, it is your responsibility to know/determine if the ordered tests are covered on your insurance plan. We will provide you with all necessary information including diagnosis and procedure codes so that you may verify your benefits prior to service. Should you choose not to verify before service, then you are responsible for payment at the time of service

*It is your responsibility to know/determine which laboratoires/facilities are considered "in network" for your insurance carrier. Since we are not contracted with insurance carriers, we are not able to contact your insurance carrier for this determination.*

**Dr. Hutton and his staff are not issuing any guarantee that testing/procedures ordered will be covered by your insurance. You will be 100% responsible for any and all charges that occur from the ordered lab tests that you elected to have billed through your insurance carrier.**

The amount billed to insurance is typically higher than the cash pay rate and you will be unable to change the method of payment once these tests/procedures are filed with your insurance carrier.

By signing below, I acknowledge, accept, and agree to the terms and conditions listed above.

Patient's Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

**We are delighted that you would like to tell us your story!**