Mulberry Clinics Non-Members Root Cause Protocol Consultation Agreement

RATES: Rates for Root Cause Protocol Consults are $380 per visit or $900 for 3 visits. All visits are 60-90 minutes in length and are non-refundable.

One Visit Plan – Patients will have portal access for 30 days to ask questions, report progress, or discuss new developments. Patients will also have access to Fullscript (our online supplement dispensary). There is a non-refundable $100 deposit required at the time of booking your appointment. This deposit will be credited toward your visit payment.

Three Visit Plan – Prepay, non-refundable visit plan (even if the patient chooses not to have all 3 visits). Patients will have portal access for 30 days following their last appointment to ask questions, report progress, or discuss new developments. Patients will also have access to Fullscript (our online supplements dispensary).

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 the returned check must be paid by cash or credit card before any further services are rendered.

CANCELLATIONS AND NO SHOWS: Patients are required to pay for appointments not cancelled within 48 hours prior to their appointment time. Failure to meet this expectation will result in a $380 charge to the credit card on file. The cost is determined by the price of the appointment that was set aside for the patient.

LATE ARRIVAL APPOINTMENTS: To decrease waiting periods for all patients, we ask that you arrive 15 minutes early for in office appointments. This will allow time for any paperwork to be completed before your appointment. We are committed to seeing all our 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.

PRIMARY CARE PROVIDER: Patients seeking a Root Cause Protocol Consultation(s) from Beth Norwood must have a primary care provider on file at all times. Patients will need to disclose, in advance, if Beth is to communicate with their primary care provider regarding lab results, clinic notes, his recommendations, etc. Any acute illnesses or injuries must be reported to the patient's primary care provider on file.

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USING INSURANCE FOR TESTING: If you are electing to bill your medical insurance for labs that have been ordered, 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, you are responsible for payment at the time of service.

It is your responsibility to know/determine which laboratories/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.

Mulberry Clinics does not issue any guarantee that the 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.

***We prefer labs to be completed prior to your initial consultation.**

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

Patient's Printed Name:_____DOB: _____

Signature:_____Date: _____

Primary Care Provider: _____

Address: _____

Phone: _____ Fax: _____

Do you want Dr. Hutton to forward clinic summaries, recommendations, and lab results to your primary care provider? *Circle one*: Yes No

Signature:_____Date: _____

We are delighted to partner with you in your healthcare journey!