

FINANCIAL POLICY

MSP POLICY FOR B.C. RESIDENTS

Non-insured Fee (Office Fee): Naturopathic Doctors (ND) are registered with the College of Naturopathic Physicians of BC. There is a fee charged for consultations based on the amount of time spent with the ND. Please review the information below for more details.

Insured Fee (MSP Fee): If you have a valid BC Medical and are receiving MSP premium assistance, you will be reimbursed \$23.00 for each consultation (up to a combined maximum of 10 visits). Premium assistance patients are insured for a total of 10 visits per calendar year for any combination of services provided by the following licensed health professionals: Naturopathic Physicians, Chiropractors, Registered Massage Therapists, Physiotherapists, Acupuncturists, and Podiatrists. For example: 8 visits to a Naturopath, 2 visits to a Chiropractor equals the 10 visit insured maximum limit. If you have used up your allowable visits for the year, then no more reimbursements can be issued. We submit a MSP claim on your behalf so that you can receive the partial reimbursement for all eligible consultations. The MSP will mail a cheque directly to your home address (processing will take approximately 6 to 8 weeks).

Extended Health Coverage: Some extended health insurance plans cover Naturopathic services. Please verify with your Extended Healthcare provider whether consultations, testing, and/or treatments are covered under your plan. We will issue a receipt for you to submit to your extended health insurance carrier at each visit.

NATUROPATHIC SERVICES

Consultation	Duration	Fee
Initial visit	60 - 90 minutes	\$195.00 to \$292.50
Follow-up visit	30 - 45 minutes	\$97.50 to \$146.25

- CANCELLATION POLICY: 48-hr notice is required for cancellations or you will be billed a \$75 cancellation fee.
- MISSED APPOINTMENTS: A \$75 cancellation fee is charged for missed appointments unless proof of emergency is provided.
- \$25 processing fee for NSF cheques.
- All products sold are subject to GST.
- The clinic reserves the right to change fees at any time without notice.
- Please see the Clinic Policy posted at the Clinic for current fee guidelines and policies.

By signing the bottom of this policy, you are indicating that you have read and understood the above statements and agree to pay upon receiving the products and services as outlined.

Signature: _____ Date: _____

Please indicate, "Yes" or "No", regarding the use of your email address for Clinic Announcements and appointment reminders:

Yes _____ No _____

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