

We appreciate having the opportunity to be of service to you. Due to the length of this first appointment, please note that if for any reason you are unable to make your initial appointment, a 72-hour notice is needed. Otherwise, a late cancellation fee will be charged. There will also be a charge for No-Show appointments. Exceptions are at our discretion. In an effort to inform you of what we have to offer you, please note the following:

**1. Holistic Practice:** Ours is a holistic and conservative practice which combines Western medicine with German, French and Chinese methodologies. Our primary focus is to address the cause(s) of your dis-ease rather than to simply treat symptoms. At least initially, we should be viewed as complementary to your traditional M.D. or D.O.

**2. Completed Questionnaire:** Please complete the requested online forms and return them to our office as soon as possible. The requested information (completely protected by our HIPAA-compliant electronic medical record system) is absolutely necessary for us to proceed.

**3. Significant Other:** If there is another person with whom you share your medical information (spouse, child, etc.), you are encouraged to invite them to your appointment. The support and understanding of this person will be beneficial in the success of your treatment. Please consider however, that this person will not be allowed to be present in the room during the two tests done in the first section of your visit. They are more than welcome to sit in on your time with the doctor.

**4. First Appointment:** Upon your timely arrival for your appointment you will view a short presentation about what to expect as a patient at our practice. We will then proceed with your initial examination, including a BioMeridian assessment and HRV test. We have reserved a 2 hour period for this full initial appointment. ***Please do not put lotion on hands and feet the day of your appointment and do not wear perfume or aftershave.***

**5. Pricing/Payment:** Our holistic practice is more of a mission than an occupation. Consistent with that mission, we have established our fees for services, procedures and treatment at the minimum level necessary to sustain our clinic. We have no insurance department. Payment by cash, check or credit card is due at the time of service. Prior to treatment, we will advise you of the cost. We are pleased to give you an Insurance Reimbursement form to submit your claim for reimbursement wherever possible.

**6. Appointment Cancellation/Change:** For all return appointments, 24 hour (excluding Sunday) acknowledged notice is expected to avoid an office charge for cancellations. Unforeseen circumstances will be dealt with at our discretion. For initial appointment cancellation policy, see top of page.

**7. Communications/Emergencies:** By definition, ours is a consultative service. Hence, it is most unlikely that we would ever have medical emergencies and are not equipped to process emergency calls. The best way to communicate with us between appointments is via email to [office@wellnessconceptsllc.com](mailto:office@wellnessconceptsllc.com)

We trust that the foregoing information will better your experiences with our clinic. We look forward to serving and helping you achieve your health goals!

With our best efforts on behalf of your health,



Martin Plotkin, M.D., M.D.(H), F.A.A.O.S.

I have read the above (Please print name below signature): \_\_\_\_\_