



FEES & POLICIES

FEES

Visits with Naturopathic Physicians

Fees depend on complexity & severity of issues. In addition to face time, your naturopathic physician will often spend substantial time in visit preparation, follow up, lab & history review, and coordination with other medical providers.

New Patient Visit	75 – 90 minutes	\$275- \$350
Established Patient Visit	15 – 60 minutes	\$75 – \$225
Telemedicine	phone and video appointments are the same as in-person appointments	

EFT & NAET Visits with Emily Yuen, ABT

EFT – Emotional Freedom Techniques

Consultation or Treatment	60 – 90 minutes	\$85 – \$100
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NAET Allergy Desensitization

Initial Consult & First Treatment	90 minutes	\$130
Treatments	45 – 75 minutes	\$65 – \$85

POLICIES

Office Hours

Monday – Friday 9am – 1 and 2pm – 5. Appointment hours may vary.

Payment - Payment is expected at the time of service. To keep our costs low, payment is preferred by check or cash but Visa, MasterCard, Discover, and American Express are also accepted. All overdue and unpaid balances may be referred to collections without notification to you. Returned check fee is \$25.

Insurance - We do not bill insurance. Most insurance companies do not cover our services in Idaho; however, there are exceptions. Be sure to check with your insurance carrier prior to your appointment. The receipt you will receive is insurance-ready with appropriate codes and can be submitted for reimbursement or to health savings accounts.

Cancellation Policy - Twenty-four hour notice is required for cancellation. If no notice is received ahead of time, you will be billed for the full price of the visit. If notice is given less than twenty-four hours, you will be charged half price.

Supplements - Patients are not ever required to buy supplements through Boise Natural Health Clinic; however, we do offer high quality supplements for our patients and your business is appreciated. You may order directly from our website here: <https://us.fullscript.com/welcome/boisenaturalhealth>. For refills through the clinic, twenty-four hour notice is requested. Phone messages may be left 24 hours a day.

Laboratory Services – Unless covered by your insurance, payment for labs is due at the time of service. Prices vary and are not included in the cost of the office visit. Please call for more information.

I have read and understand the above fees and policies and agree to the terms outlined above.

Print Patient's Name _____

Patient's Signature (Parent or Guardian if patient is a minor) _____

Date _____