



Informed Consent for Treatment & Clinic Policies

Informed Consent

- I understand that Dr. Marie Rodriguez is a naturopathic physician. She is a graduate of a 5 year accredited naturopathic medical school; she is not an MD or DO.
- Naturopathic medicine is not a medical specialty but a separate and distinct health care tradition.
- A naturopathic physician is practitioner trained in the use of natural means to further health and wellness, including assessment, patient education, counseling about nutritional interventions, herbal and homeopathic remedies, lifestyle modifications and a range of other natural interventions/consultations.
- In the District of Columbia, naturopathic physicians may not prescribe pharmaceutical medications, nor may they perform minor surgery.
- I understand that a core approach taken by naturopathy is achieving better health status through improvements in diet and the use of dietary supplements to improve biological functions, as well as exercise and other lifestyle modifications.
- The focus of naturopathic care is to alleviate the underlying conditions that bring on illness rather than the treatment of symptoms. While I may experience some immediate improvement from the use of herbs, homeopathic remedies and other botanical and naturopathic methods, I understand that the most effective results occur when I make a long-term commitment to rebuild my health with the assistance of Dr. Rodriguez.
- I understand that Dr. Rodriguez does not offer after-hour services or provide any hospital-based services. If I have difficulty with any of the remedies or other aspects of my work with Dr. Rodriguez, I understand I should call to discuss concerns I may have.

Appointments

Dr. Rodriguez sees patients on an appointment basis, and prefers appointments to be made in advance. Dr. Rodriguez is available for phone visits for long distance patients or for those unable to make it into the office.

Cancellation/Reschedule Policy

We request a minimum of 24 hours notice for canceling or rescheduling appointments. If you miss an appointment or fail to cancel within the requested 24 hours, you will be charged at one-half the rate of the visit.

Telephone Consultations and Email

Any call or correspondence that requires a new instruction care analysis or prescription will be subject to a consultation charge. The fee will be prorated according to consultation time.



Dr. Marie Rodriguez
Naturopathic Physician

1701 K Street NW, Suite 305, Washington, D.C. 20006
202.386.9701 (p) 9703 (f) | marie@drmarierodriguez.com

Fee Schedule

- Initial visit \$220
- Return visit \$110
- Pediatric initial visit \$150
- Initial Craniosacral visit \$150
- Return Craniosacral visit \$110
- Dispensary by item
- Shipping and Handling postage + \$2.50

Payment & Refills

Payment is due at the time of the visit, We accept cash, checks, Visa, Mastercard, and American Express. Refills on supplements are available with pre-payment, and can be picked up in the office or mailed to you.

Insurance Coverage

Dr. Rodriguez's visits are covered by only a few insurance companies. United Health and Great West are two that are currently covering her visits. Check with your plan administrator. We will provide you with the appropriate codes and forms to pursue reimbursement.

If you have an HSA (Health Savings Account), Dr. Rodriguez's consultations and prescribed supplements are allowable tax-free expenditures. Effective January 1, 2004, tax-favored HSA'S, once available only to federal employees were offered to the general public. Health Savings Accounts allow you to take control of your health care expense and treatment options, however, many are unaware this choice exists. We strongly urge you to look into an HAS as an alternative insurance choice. To find out more, please check out: HAS Insider.

Flexible Spending Programs also allow for naturopathic health care deductions. Check with your plan administrator. We recommend that everyone ask their insurance providers to allow coverage for natural healthcare expenses.

Patient's name: (please print) _____

Signature: _____

Date: _____