

Holistic Health Seattle Phone/Web-Based Consultation Agreement

Who may choose a Phone/Web-Based Appointment?

- Patients who find distance or schedule inconvenient for in-person appointments
- Patients who are unable to come to our location due to childcare, current illness, or pandemic restrictions
- Patients who do not have access to integrative medicine providers and would like a second opinion

How to set up a Phone/Web-Based Visit

- Contact our office via online booking (see website), email, or phone to arrange for an appointment
- Print out this form (and the New Patient intake forms, if applicable) and return to our office at least 1 day BEFORE your first teleconsultation (you can email it to us or fax to 206 888-2121)
- Provide the best number to call at your designated appointment time
- Upon completion of the phone consultation there will be a review of your treatment plan and recommendation for further diagnostic tests as needed
- A follow up consultation may be scheduled, usually 2-4 weeks after the initial phone consult

Fees and Payments

- First Consultation (according to the complexity of presenting health concerns, and time spent): \$250 (60 minutes), \$350 (90 minutes)
- Follow-Up Consultation/Lab Testing & Review: \$200 (60 minutes), \$175 (45 minutes)
- Problem Focused Consultation: \$125 (30 minutes)

If extensive review of medical records from other providers is required, this time will be billed at the minimum hourly rate.

Payments can be made by Check, Credit/Debit Cards, or PayPal. Fees are collected (payments need to be received by our office) at least 24 hours in advance of the scheduled consultation.

Cancellation Policy

As a holistic health practitioner, Camelia Ades, ARNP, MSN, MPH cares to spend enough time with each patient and never double books. Please understand that in order to keep this unique schedule and best attend to your medical needs, we need your full cooperation.

- We require at least a 24 hour notice to cancel your appointment
- A charge for the full fee for the appointment will ensue for missed appointments/late cancellations

By signing below, I agree that I have read and understood this policy. I consent to proceeding with a telehealth visit and agree not to bill my insurance for this service:

Patient Name (Please Print)

Signature

Date

Parental/Legal Guardian Name

Signature

Date