



Dr. Alicia C. Omaña, MPH

## **New Policies and Procedures Effective January, 2015**

*In order to reduce confusion and misunderstanding between our clients and the office, we have adopted the following policies effective January 1, 2015. If you have any questions about these policies, please discuss them with our office manager or staff. We are dedicated to provide optimum care and service to you and we regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.*

### **Missed or cancelled Appointment/Late Arrivals**

It is the responsibility of the client to arrive for their appointment on time. Cancellations MUST be received 24 hours in advance for existing clients. We currently require prepaying your appointment in full to hold an appointment for all new and existing clients. The prepaid amount is not refundable if client does not show to the visit nor call for cancellation according to our guidelines (48 hours in advance for new clients). We reserve the right to charge the full amount of the office visit for missed, cancelled, or no-show appointments for all existence patients. If you are more than 15 minutes late, we reserve the right to ask you to reschedule. If you are running late we recommend that you call our office to verify your appointment will be honored.

### **Natural Medicine (Natueroceuticals) and Supplements Refills**

We request that you obtain refills during your office visit. If there has been an oversight, please send us an email with your refill request. Please plan ahead as refills may take up to 5 working days to be authorized. We will authorize refills during our working hours of 9:00 am – 5:00 pm, Tuesday- Friday. Natueroceuticals and supplements will not be refilled if a client continues to miss schedule appointments or has not been evaluated by his/her health provider with lab work or non-invasive analysis in a timely manner.

**IMPORTANT NOTICE: Returns/Reimbursement of Natueroceuticals, Supplements, and Skin Care products, including all prepaid services and products. PREPAID PROMOTIONAL PACKAGES ARE NOT REFUNDABLE. No returns, No Credit, No Exchanges will be accepted after 30 days after purchased.**

### **Payments and Collections**

All payments are due at time of booking an appointment. If there is a balance for a missed or cancelled appointment, payment is due before next appointment will be scheduled. We accept cash, checks and credit/debit cards, Health Savings Account (HSA) credit cards and Flexible Account credit cards.

## Forms/Copies Records

Completion of any forms that requires your provider's input can be very time consuming for both you and your provider. We require an appointment be made to review the requested information. We reserve the right to charge for a follow up office visit. Please allow 1 week for forms and copies to be completed.

## Test Results

**Blood Work Lab Results:** You will be contact only if the blood work lab results require a change in therapy or indicate a medical emergency. Normal or borderline results, or results that require detail explanation, will be discussed in your next office visit. If you cannot wait until your follow-up visit, please contact us to schedule a visit to come in and review.

**Hair Tissue Analysis Results:** You will be contacted as soon as we receive the results; usually, one week after the hair sample is taken. Please contact us to schedule a medical visit. Due to the complexity and time consuming, we require an appointment be made to discuss the results.

## General Questions or New Problems

A telephone call can never replace an office evaluation of a problem. Brief questions to clarify confusion can be answer over the phone on a limited basis. New symptoms or complex questions will require an appointment to be made.

## Insufficient Checks

If a check is presented with insufficient funds you will be responsible for both the amount of tender as well as all fees assessed (\$40.00).

I have read and understand these policies and procedures.

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Client Signature

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Date

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## Financial Responsibility Statement

- ❖ I understand that the services and therapies offered by Omana Natural Wellness and MedSpa Center are considered “Alternative” and are not covered by health insurance companies; including Medicare and Medicaid.
- ❖ I acknowledge financial responsibility for all charges for services rendered.
- ❖ For your convenience we accept cash, personal checks, Visa, MasterCard, and American Express and Health Savings Accounts (HAS) or Flexible Accounts credit cards. There is a \$40.00 fee for any return checks.
- ❖ Payment is due at time of the appointment booking.
- ❖ Any supplements must be paid in full upon receipt, if a supplement is not available in our naturopathic pharmacy and need to be order or re-ordered; **you are required to pre-pay the order in full.** Unfortunately, there can be no refunds for products which have been opened, special order items, or for custom formulations. No refund, No Credit or Exchanges after 30 days of purchase. ANY PREPAID PROMOTIONAL PACKAGE IS NOT REFUNDABLE.
- ❖ **Cancelled or miss appointment charges:**  
**New Clients:** Due to the significant time set aside in the doctor’s schedule for new client appointments, **a 48 hours business day cancellation is required for all new patients’ appointments.** Omana Natural Wellness and MedSpa Center does not double book appointment times, so when an appointment is made that time slot has been reserved for you. If you fail to keep this appointment, it prevents others from being seen and getting the benefits of receiving naturopathic medicine; all new client appointments that are cancelled without 48 hours business day notice will be charged a 100% cancellation fee. There are no exceptions.
- ❖ **Established Clients**  
  
Phone Call Policy: client is welcome to call if you have questions after your office visit. Often, clarifying issues and answering basic questions can greatly enhance the successes of your health, limit of three minutes. Due to time constrains, however, phone calls longer than 5 minutes regarding existing treatments or any new conditions will be billed as a phone consultation.
- ❖ **Naturoceuticals, Supplements, Botanicals, Skin care products, Natural Cosmetics or any other product not available on the time of your visit: you are required to pre-paid in full.**

By signing below, I \_\_\_\_\_ certify that I fully understand the above policies.

Client Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_