



## Practice Policies

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We wish to take this opportunity to welcome you and to state some basic principles we believe essential in establishing a good relationship between us. Please read through this information, asking questions as needed.

1. **INITIAL APPOINTMENT:** Your intake appointment is considered an evaluation interview and exam. At the time of this appointment, the following decisions will be made regarding:
  - a) Appropriate treatment options
  - b) Frequency of follow ups
  - c) Goals and what you hope to gain from treatment
2. **FOLLOW UP APPOINTMENTS:** Each appointment varies in length depending on your chief concern.
3. **CANCELLATIONS:** If you find that you need to cancel an appointment, please give as much notice as possible so that we can schedule people that are on our waiting list. We do require at least 12 hours advance notice. Failure to cancel/reschedule appointments may result in a \$20 fee at our discretion. Please understand failure to reschedule often means another patient had to wait for an appointment longer than necessary. Repeated late cancellations and/or no shows can result in dismissal. You may cancel online through the link sent to you, text 505-207-2860 or call 505-585-2345.
4. **PAYMENTS:** We run off a monthly membership fee that is auto-charged on the 5<sup>th</sup>, 15<sup>th</sup>, or 25<sup>th</sup> of each month. A card on file is required. Along with your monthly fee, labs and prescriptions can also be charged to the card on file at the time of service based on your directions.
5. **INSURANCE:** Insurance is an agreement between you and your insurance company. We will assist you by providing receipts and documentation. We currently do not participate with any insurance plans. We are opted out of Medicare. This means you if you are Medicare you cannot submit receipts for reimbursements. If you are Medicare you will be asked to sign an agreement annually to this effect. **Are you Medicare? YES \_\_\_\_\_ No \_\_\_\_\_ Are you Medicaid? YES \_\_\_\_\_ No \_\_\_\_\_**  
The Medicaid program severely restricts our ability to care for Medicaid patients. Medicaid does not allow us to order tests or labs on your behalf. These restrictions are so limiting that we are unable to see most Medicaid patients. We are sorry for the inconvenience.
6. **TELEPHONE:** We receive a high volume of telephone calls and texts every day. We ask for your help in keeping the calls and texts to a manageable level. Please leave a voice message or text one time. Multiple texts/calls jam up our system and slowdown our response times. You can expect the following response times Monday – Friday.
  - a. Voice Message: If a message is left before 12PM you can expect a call back in the early afternoon that day. If a message is left in the afternoon we will try to return it before closing but it will be answered by 12PM the next day.
  - b. Texts: If you send a text expect a reply in 4-6 business hours.
  - c. Email: 4-5 business days. We try to be quicker, but calls and texts take priority.We triage all phone calls and texts, therefore it is very important that you state what you need in your message. Vague messages like "Please call me get pushed to the bottom. If you have not heard anything within the time frames above then please try again. We are only human and sometime things get missed.
7. **LABS:** The turn around time for most labs is 7-10 days. We review all labs immediately for alarming results but can take 3-5 business days to completely review. We will then email the review or call you to come in for a follow up. If you have not heard from us within 3 weeks of your lab draw, please contact us. Specialty labs ie: Boston Heart, NutrEval can take up to 4 weeks.
8. **CONFIDENTIALITY:** All information regarding the specific nature of your treatment is maintained at Well Life ABQ and is considered confidential within the office unless specified by you in writing. However, each provider at this office reserves the right to use specialty consultation with other medical providers at the office as deemed necessary. At this office, we leverage technology to improve communication with you. We frequently text and email. Our system is HIPPA compliant but emails and texts are considered unsecured forms of communication. When you registered online, you consented to these forms of communication.

**TURN OVER**



9. POLICIES: The procedures of this clinic are designed to keep you safe. Failure to follow may result in clinic discharge.

*Please initial boxes.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have had an opportunity to read the Privacy Practices Notice.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I acknowledge that I have read and understand all of the foregoing statements and that my signature below indicates that I agree to abide by all of the above conditions.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I consent to the exchange of treatment information between Well Life ABQ and other providers as necessary for my healthcare.

Patient Emergency Contact and Phone Number(s):

_____	_____	_____
NAME	Relationship	Phone Number(s)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_