



CLINIC FEE AGREEMENT



Please read items A-F carefully and initial where indicated.

- A. **Dr. Brian Popiel** is currently classified as out of network provider for all insurance companies. In order to potentially have insurance coverage for our services your insurance plan needs to have **out of network coverage and the OON deductible must be met before reimbursement will happen.** Billing for labs is handled by the lab(s) selected by your physician. The lab(s) will submit charges to your insurance company and coverage is determined by deductible status and your insurance plan policies. **Please note, that Sonoran Naturopathic Center is not involved in the lab billing.** Most insurance companies will cover all or a portion of the bill for lab services. Be aware that out of pocket medical expenses can be used as tax deductions in some circumstances. **Please keep your receipts as we do not keep financial records of your visits. We will not be providing year end statements for taxes.**

_____ (initial)

- B. **Dr. Popiel's fee for in-office or phone consultations is based on time and billed at a rate of \$250/per hr.** There will be separate costs for certain procedures, supplements, IV therapies, injections, lab work and diagnostic testing. Follow up appointments will be billed at the same rate mentioned above.

_____ (initial)

- C. We require a 24 hour advance notice to cancel appointments. For all **LATE cancels (less than 24hr notice)** you will be charged **\$25.00**. For all **NO SHOW appts**, where notice has not been provided, you will be charged **\$75.00**.

_____ (initial)

D. **IV THERAPY**

The IV therapies already include Dr. Popiel's time and you **will not** be billed for his time twice. The following are the charges for IV's.

- Nutritional/Hydration/Vitamin C IV's - **\$195-\$250**
- DMPS Chelation (Heavy Metals Testing/Removal) - **\$95**
- Glutathione (Detoxification) IV Push - **\$45**
- IV OZONE - **\$150-\$195**
- IV Push - **\$80**

IVS ARE MADE PRIOR TO CLIENT ARRIVAL. 24 HR NOTICE IS REQUIRED TO CANCEL AN IV APPT. IN THE EVENT OF A NO SHOW OR LATE CANCEL (LESS THAN 24 HR NOTICE), CLIENTS WILL BE HELD FINANCIALLY RESPONSIBLE FOR THE FULL IV COST

_____ (initial)

E. **INJECTABLE THERAPIES/OTHER:**

- Blood Draw - **\$20**
- B-12/Iron/Testosterone injection - **\$20-\$35**
- Prolotherapy- **\$125-\$400**
- Infrared Sauna- **\$25**

- Acupuncture - **\$95** (new patients) **\$75** (follow ups)
- Prolozone - **\$125-\$400**
- Amnio Fix – **Cost determined by injection site location and dose required**

_____ (initial)

F. **PAYMENT IS DUE AT THE TIME OF SERVICE.** Dr. Popiel will bill insurance on behalf of the patient, but there is no guarantee of insurance reimbursement, due to the fact that he is an out of network provider.

_____ (initial)

Client Signature:

Date

By signing I agree to the above terms as outlined.