

WELLNESS EVOLUTIONS

Patient Information and Office Policies

734-453-2207

www.WellnessEvolutions.com

Dr. Elizabeth Borg, Ph.D.

Welcome to Wellness Evolutions!

Thank you for choosing Wellness Evolutions as your primary natural health care provider. We are committed to providing you with quality natural health care and alternative psychological services. In an effort to familiarize you with our office, below are the office and financial policies. Please read and sign this document. Thank you.

1. **Phones:** I receive all phone calls at the (734)-453-2207 number. This is the best number to leave a confidential message at any time. I check this number several times throughout the day and phone calls are returned within 24 hours. You may also email me at ewborg@WellnessEvolutions.com.
2. **Phone Consultations:** While short telephone conversations of 1-5 minutes are accepted when I am available, longer consultations after 5 minutes will be billed at a rate of \$15.00 per 10 minute increments, which will be billed directly to you, NOT your insurance company. This charge may be incurred for a phone consultation initiated by you, or a returned call to you by the doctor. This charge will be your responsibility.
3. **Test Results:** You will be notified of any results of laboratory or diagnostic testing initiated by this practice as soon as it is available (2-4 weeks depending on the type of testing done). You will receive a phone call or email from our office with the results and/or a request for a follow up visit depending on the results and type of test. If you would like a copy of the results, you can get one at the office or they can be emailed directly to you. I do not mail lab results.
4. **Forms Completion:** My office charges a minimum of \$5.00 for the completion of forms, and this amount may be more, depending upon how many pages or how complex the forms are to complete. These charges will be your responsibility and will be billed directly to you, NOT your insurance company. Physical forms will be completed as a courtesy during the visit if the client provides the form at the time of the visit. If a physical form is processed after the visit, it will incur the \$5.00 minimum charge.
5. **Insurance Coverage:** I do not bill any insurance for clients except Medicare. I can provide you with a form with all pertinent information for you to submit to your insurance. I am an out of network Blue Cross Blue Shield PPO Provider only. I am not on any HMO or Managed Care panels for mental health. I am not a Blue Care Network provider.
6. **Payment for Services:** In order to simplify my business and have more time to serve my clientele, I do not send out monthly billing statements. I can give

you a summary statement for tax purposes at the end of the year upon request. I ask that you make all payments for consulting services and any food supplement product you pick up at my office at the time of services rendered or product picked up.

7. **Product Orders:** Most of my food supplement products can be obtained in one of three ways. You may set up a personal patient account directly with some of my companies, using my name as the referring health care provider, and manage all products yourself. Second, I can order for you and have your products shipped directly to your home or business. This requires that I keep a current credit card of yours on file for all charges. Third, you may visit my website at www.WellnessEvolutions.com and order directly from the shopping cart or via a link directly to the companies on line. Any opened product cannot be returned or refunded for any reason. Unopened product may be returned or refunded depending on the circumstances. All issues in this area need to be discussed with me first. In the rare situation where a product is not sealed or appears spoiled, the company will compensate you for this, but may or may not have the product returned.
8. **Missed Appointments:** Your account will be subject to a no-show charge of \$60.00 for a missed appointment not cancelled within 24 hours. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointments.
9. **NSF and Other Bank Fees:** Your account will be charged a \$35.00 fee in addition to all expenses incurred by us for any non-sufficient checks, checks written on closed accounts, or any other fee we incur as a result of a check you write to us.
10. **Distant Client Consultations:** Many of my clients do not reside in my local area. For distant clients who are in other parts of the country, we may do all of our work by telephone, email or Skype. Upon your request, I may be available to come to your location and do a group workshop in wellness, psychology or energy medicine. If this interests you, please ask for details. You are also welcome to come to Plymouth, Michigan for a consultation in person.

I HAVE READ AND UNDERSTAND THE OFFICE POLICIES AND AGREE TO ABIDE BY THEIR GUIDELINES:

Print Patient's Name

Birth Date

Signature of Patient or Responsible Party

Date