

Client Fees and Payment Policies

Initial Consult

Your initial visit consists of two appointments. The first visit consists of a thorough evaluation of your history past and current, diet, supplements and an introduction to a naturopathic approach to optimal health. At the end of the visit you will be provided with educational material and basic recommendations. The second visit is complimentary if scheduled within 10 days. At this time, you will continue the process of initiating a strong foundation for optimizing your health, any questions will be answered, and a personalized set of recommendations for your individual concerns will be discussed. For our clients who are traveling from a distance, this second appointment can be done over the phone, although in person appointments are always best!

Initial Consultation for Autism Spectrum/ADD/Sensory and Other Neurodevelopmental Delays \$380.00

Initial Consultation for Other Concerns \$290.00

Follow Up Appointments

\$100.00/30 minutes

Follow up visits are usually 30 minutes. You may require a longer appointment time if there are new concerns, test results to review, or extended questions and are charged accordingly. Follow up appointments are scheduled 3-4 weeks after the completion of the initial consult to review progress, answer questions, and reassess recommendations. Follow up visits then occur on an as needed basis.

Phone Consultations

\$50.00/15 minutes

In person consultations are preferred, although phone consultations can be arranged if necessary. Other phone consultations are charged at the rate of \$50.00/15 minutes (rounded to the nearest 15 minutes). There is no charge for brief questions regarding your recommendations, or if you are completing your initial consult by phone.

Therapeutic Bodywork

\$80/hour or \$50/30 minutes

Massage, craniosacral, or other types of therapeutic bodywork may be a part of your recommendations.

Craniosacral - Child

\$60/up to an hour

Cancellation Policy

There is no charge for visits cancelled within 48 hours or for follow-up visits cancelled within 24 hours. If appointment is cancelled with less than 48 hours (initial) or 24 hours (follow-up) notice, you will be charged the full cost of your scheduled appointment. Please respect our time and allow enough notice for other's to be scheduled in your place.

Late Policy

Please make every effort to be on time for your appointment. Our office will also make every effort to be on time. We realize that your time is important also. There may be times when emergencies require us to be behind schedule. We will still ensure your personalized consultation is a focused, individualized experience. If you are running late, please call the office at (941) 951-6820 and we will make every attempt to either fit you in or, if necessary, reschedule.

Dispensary Items

Our office provides quality vitamins and supplements that may be recommended as part of your wellness protocol. You are always free to choose where to purchase your supplements. Please discuss this with your doctor, as many of our products are available only to physicians and have a high standard of quality control. These supplements are individually chosen as we believe them to be the best products to assist you in attaining optimal health. Dispensary items must be paid in full at the time of purchase. Unopened, unused products may be returned within 14 days for credit to your account. Opened, used, products kept longer than 14 days, or products packaged in the office (certain tinctures and homeopathics) are not returnable.

Payment Policy

A \$25.00 fee will be charged for all returned checks.

I have read and understand the Client Fees and Payment Policies of Aurora Therapeutics, Inc. I agree to make payment according to this fee schedule and policies. I understand that fees are due at the time of appointment or purchase of dispensary items. I understand that Aurora Therapeutics, Inc. is a consultation service and is not to be used in place of medical advice. I understand these services are not covered by insurance in the State of Florida.

Client Name (please print)

Client Signature

Date

Received by (for office use)