



TWO HANDS CHIROPRACTIC & ACUPUNCTURE, LLC

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New Patient Information Naturopathic Consultation

Welcome to our clinic. Thank you for choosing Naturopathy. Please take a few minutes to read this information. It contains our basic business policies and is designed to assist you in your business interactions with the clinic.

PAYMENT

We appreciate your payment in full at the time services are rendered. The clinic accepts cash, checks, debit cards and all major credit cards.

Naturopathic First Office Visit: \$275

Naturopathic Return Office Visit: \$85

CANCELLATION/NO SHOW POLICY

If you cannot keep your appointment or need to reschedule, please give the clinic notification 24 hours in advance. Failure to comply with this policy may result in an additional fee.

PATIENT RIGHTS AND RESPONSIBILITIES

Patients and providers have rights and responsibilities to one another to insure that the best health care services are provided.

- Patients and providers have the rights and responsibility to treat one another respectfully.
- Patients have the rights to confidentiality when receiving care from providers.
- Patients have the responsibility to supply accurate and complete medical history information to the provider.
- Patients have the right to know that a record will be kept of the health care services provided to them. Providers will not disclose a patient's record to others unless directed to do so, in writing, by the patient, or unless the law authorizes or compels them to do so.
- Providers have the responsibility to inform patients about their health condition and include the patient in decisions affecting their care.
- Patients have the right to bring questions, concerns, complaints or compliments about any aspect of one's care or service to the individual provider or clinic director.

I have read the above statements and agree to the payment terms above.

Patient Signature

Date

