

Brenna Hatami ND

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### CONSENT FOR SERVICES

- I voluntarily apply for and consent to receiving naturopathic medical services including basic physical exams, lab work interpretation or recommendations and therapeutic treatments as are considered necessary or advised for the overall health of the client.
- I understand that the nature of the recommended medical treatments for my care will be explained to me. I understand that I will have the opportunity to ask questions about my care. I am not being forced by anyone to accept medical treatment.

### FEES AND PAYMENT

- Fees for first office calls are \$120 and return visits are \$60. Phone consults are \$45 and are approximately 20-30 minutes long. There is no charge for a brief phone calls. Reports requested for insurance companies, physicians, schools will be charged \$25.
- I assume full responsibility for and agree to pay all costs, charges and expenses of every kind and description for services rendered by Brenna Hatami ND. The amount of the bill shall be due and payable upon time of service.

### CANCELLATION NOTICE

Please respect a 24-hour notice of cancellation. Cancellations less than 24 hours or failure to show up for an appointment will be charged a \$25 fee.

### LIABILITY AGREEMENT

I have read the above information to the best of my knowledge. I will not hold Brenna Hatami ND responsible for any health condition of which she was not informed, which may have worsen over time through treatment.

Date\_\_\_\_\_ Signature\_\_\_\_\_