



Essential Health & Wellness PC Practice Policies

I. Appointment Booking, Payment, and Cancellation Policy

To ensure the highest quality of care and effective management of our clinical schedule, the following policies apply to all appointments:

A. Appointment Booking and Payment

- **Requirement:** Full payment of the scheduled appointment fee is required at the time of booking to confirm and hold your appointment time.
 - *Initial Visit:* **\$377.00**
 - *Follow-Up Visit:* **\$187.00**

B. Cancellation and Refund Schedule

All cancellation notifications must be received during our standard business hours (Monday–Friday, 9:00 AM – 5:00 PM CST).

Cancellation Timing	Refund Issued	Practice Fee Retained
Immediate Cancellation (Within 1 hour of booking)	100% of the appointment fee.	\$0.00
Within 48 Business Hours (Prior to appointment)	100% of the appointment fee.	\$0.00
Late Cancellation (Outside the 48-Hour Window)	50% of the appointment fee.	50% of the appointment fee.
No-Show (Missed Appointment)	0% (No Refund).	100% of the appointment fee.

Definition of 48 Business Hours: This refers to two full business days (e.g., a Monday 2:00 PM appointment must be canceled by 2:00 PM the preceding Thursday). Cancellations attempted on weekends or holidays will be processed on the next business day.

II. Membership Program Cancellation and Refund Policy

This policy applies to enrollment in the practice’s integrative medicine membership program.

A. Monthly Membership (Monthly Payment of \$167.00)

- **Cancellation:** Monthly memberships may be canceled at any time by providing written notice.
- **Effective Date:** The cancellation will be effective at the end of the current billing cycle.



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- **Refunds:** No refunds or prorated amounts will be issued for the remainder of the monthly term in which the cancellation occurs. Membership benefits remain active until the end of the final billing cycle.

B. Annual Membership (Paid in Full: \$2,000.00)

Annual membership is provided at a discounted rate. Refunds are subject to the following calculation to compensate the practice for the benefits received and time utilized:

1. Cancellation within 30 Days of Enrollment:

- A full refund of the \$2,000.00 annual fee will be processed, **MINUS** the full, non-member, a la carte price of any clinical services utilized (e.g., appointments, labs, or consultations) during that period.

2. Cancellation After 30 Days of Enrollment:

- The practice will calculate the cost of the membership used by charging the full, **standard monthly rate of \$167.00** for every full or partial month the patient was enrolled.
- The remaining balance of the \$2,000.00 annual fee will be refunded.

Clawback Clause (Deduction for Utilized Services):

If the member utilized any specific service or benefit included in the annual fee (e.g., an annual comprehensive planning session or lab review) that is typically billed separately, the full, non-member price of that service will be deducted from the refund amount in addition to the retroactive monthly calculation.

III. Patient Acknowledgment

By scheduling an appointment and/or enrolling in the membership program, I acknowledge that I have read, understood, and agree to the terms of the **Appointment Booking, Payment, and Cancellation Policy** and the **Membership Program Cancellation and Refund Policy** as detailed above.

Patient Signature: _____

Date: _____