

DEBORA CHELSON, N.M.D.

11650 E. Old Spanish Trail, Tucson, AZ 85730 ❖ (520) 437-9562

RATES and PAYMENT POLICY

Please note that the rates indicated herein do not include costs related to prescription medicines, supplements, laboratory analyses, or medical procedures performed during the visit. The doctor will be able to provide cost estimates for any additional items during your consultation.

Initial Consultation

Depending on your age and medical history, your initial consultation may take anywhere from 45 to 90 minutes. The more extensive your history, the more time we will want to take to form a complete and accurate picture of where you are and how you got there. On average, this first consultation typically takes 60 minutes and costs approximately \$185. If this visit requires 90 minutes, the fee would be more in the range of \$275.

Follow-Up Office Visits

During the Initial Consultation, a Follow-Up visit will be scheduled to review your progress, answer questions and make any appropriate adjustments to your protocol. The rate for the Follow-Up Consultation is \$45 for each 15 minutes. Dr. Chelson's goal is to keep your cost to a minimum while allowing for further consultation if you desire additional information.

House Calls and Phone Consults

For clients unable to come to the doctor's office due to physical limitations, Dr. Chelson will schedule home visits. Fees are the same as for office visits, plus round trip travel time billed at the same rate per 15 minute interval. Under some circumstances, the follow-up can be handled through a phone consultation instead of an in-person office visit. The doctor will let you know during your Initial Consultation if this an option for you. Clients may request additional follow-up consultations on an as-needed basis.

Appointment Cancellation Policy:

Appointments cancelled with greater than 24 hours notice will incur no charge. There is a \$50.00 charge for appointments cancelled with less than 24 hours notice. A full office visit fee (\$175) will be charged for failure to provide any notice of cancellation.

Payment Policy

Payment by MasterCard/Visa/American Express, check or cash is required at the time of service (credit card, or payment in advance, is required for phone consults). *NOTE:* A fee of \$45 will be charged for any payment by credit card or check that fails to clear successfully.

I accept the fee structure, and the payment and cancellation policy as described herein.

Patient Signature*

Date

Please Print Name of Signatory Here

** or Guardian or Patient Representative, as appropriate*