



### **TIV Hydration & Wellness Practice Policies**

You will be evaluated by a trained and licensed provider. We wish to take this opportunity to welcome you and to state some basic principles we believe essential in establishing a good relationship. Please read through this information, asking questions as needed.

1. **INITIAL INTERVIEW:** Your first history and physical is considered an evaluation interview and exam. At the time of this appointment, the following decisions will be made with you:
  1. If IV vitamin infusion therapy/injections are an appropriate option
  2. Frequency of infusions/injections
  3. Goals of therapy (what you hope to gain from this process.)
  4. Medical conditions/allergies verified and assure IV therapy is safe for you
  5. We will not treat anyone under the age of 16yr old and must be at least 120lbs, parental consent is necessary if under 18 yrs of age
2. **APPOINTMENTS:** Each appointment varies in length depending on your chief complaint. Typically, 40 min infusion appointments take just under 1-2 hours. At the end of each appointment, you can plan for your next appointment.
3. **CANCELLATIONS:** All bookings are subject to a \$25 cancellation processing fee once booked. If you do not cancel or reschedule your appointment at least 48 hours in advance, you will be charged the full amount and there will be no refund issued. You will be given a 10-minute grace period if you are late for your appointment or non-responsive. After this time, we may be unable to accommodate you based on scheduling conflicts and will be charged the full amount of your scheduled service. We may be able to schedule you for another day/time at that point if our schedule allows. Treatment may be stopped at the discretion of the provider based on their medical judgment and I understand I will still be responsible for full payment. No more than 3 attempts to start an IV on a person will be made by staff. If they are unable to get an IV started, you will not be charged for services. If you did not answer the initial questions at checkout appropriately and are found to not be a candidate for IV therapy, you will be charged for the treatment.
4. **PAYMENTS:** We must have payment in full for each appointment prior to the start of your treatment. If you do not have a charge card. We will accept cash.
5. **INSURANCE:** We do not accept insurance and will not bill your insurance. Medicare/Medicaid will not cover IV vitamin infusions/injections and neither do most insurance companies. We will assist you in any way possible by providing receipts and documentation as we currently do not directly participate with insurance plans. You



should check with your insurance company representative to find out specific requirements and limitations of this coverage. We will be happy to assist you in the preparation of insurance forms if you feel there is a chance your insurance company will pay for these services for a fee of \$50. Payments for services received through TIV Hydration & Wellness are ultimately your responsibility.

6. **CONFIDENTIALITY:** All information regarding the specific nature of your treatment is maintained at TIV Hydration & Wellness and is considered confidential within the office unless specified by you in writing. However, each provider at this office reserves the right to use specialty consultation with other medical providers at the office as deemed necessary. We follow HIPAA and maintain confidentiality. Your information may be used for research and or marketing purposes to make your experience with us better.
7. **USE OF IV THERAPY:** IV vitamin infusions are not currently monitored or approved by the FDA. While there is much research and studies to support their use and results, we do not guarantee results. You should always consult with your primary health care provider before you do anything. We do not intend to diagnose, treat, cure any disease or illness. Our treatments are to be used in adjunct with your current medication treatments managed by your provider and or any consults you may see. Never stop taking any medications or treatments without discussing with them first.

*Please initial boxes.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I acknowledge that I have read and understand all the foregoing statements and that my signature below indicated I agree to abide by the above conditions
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have received a copy of the Privacy Practices Form.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I consent to the exchange of treatment information between my primary care provider and TIV Hydration & Wellness

Patient(s):

Physician's Name/Office and Phone Number \_\_\_\_\_

Signed Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_