

Cheryl A. Kasdorf N.M.D.

Suite B5 inside the Healing Arts Center
753 N. Main Street, Suite B5 Cottonwood, AZ 86326
(928) 649-9234 • FAX 649-9334 • cherylnmd@yahoo.com

Welcome to Naturopathic medical care by Cheryl A. Kasdorf NMD. I encourage questions and participation in all aspects of your health care.

All information given now or at any point in the future is entirely confidential. If I receive requests to share information with doctors, insurance groups or health agencies, I will do so only with your permission.

Please note that the natural medicinary I use is very effective and prescription medicines are rarely needed. Nevertheless, the scope of practice for Naturopathic Physicians has recently changed to include most prescription medications. The most common prescriptions I write are for thyroid and female hormones. If you already are on a prescription medication, you will need to consult with the prescribing doctor to continue or discontinue with it.

Due to Chemical Sensitivities of some of my patients, please do not wear any perfumes, colognes, or scented toiletries to my office during your office visits. Thank you for your consideration of others.

Office Financial Policy:

Payment for service and medicinary items is required at the time of service, by cash, personal check, or credit card. Credit card payments are charged a 2% processing fee. If immediate full payment presents major difficulties, request to discuss other arrangements before your scheduled visit.

Dr. Cheryl Kasdorf is not a provider on any insurance plan. This includes Medicare. You are responsible for the entire amount owed, and may bill your insurance company. You will be provided with all the necessary information to claim your reimbursement. This does not guarantee that the claim will be paid. Some insurance companies will cover the services but not the medicinary items I prescribe and dispense. Federal regulations do not allow patient requests for Medicare reimbursement.

A fee will be charged for a returned check, also a missed appointment if not cancelled 24 hours ahead of the scheduled time.

I have read and understand the policies of Cheryl A. Kasdorf NMD stated above and will comply with them in all respects.

Your signature

Print your name

Date