

HEALTH PLAN ENROLMENT FORM



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Member of O.H.A

Plan Type: _____

Enrolment Date (mm/dd/yy): _____

Member Name: _____

Member Name: _____

Member Name: _____

Member Name: _____

Plan Details, Terms & Conditions

All services, products and health plans administered through H3 Natural Medicine are subject to the following:

Personal Care:

All Health Plans include Personal Care. Personal Care is an extended service that includes unlimited email correspondence with a maximum 48 hr response time. All correspondence is treated as confidential and is included in the patient file. Personal Care gives the plan member priority booking for appointments with as little as 48 hrs notice subject to availability i.e. not booked by another plan member.

Consultation:

All Health Plans include an initial consultation and 12 repeat visits. A repeat visit is any appointment in which the plan member receives homeopathic consultation in person or via telephone. The average client session is approximately 45 minutes to 1 hour but may be less depending on the case. Initial consultations must be in person and take approximately 2 hours depending on the case.

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Picking up remedies only, does not count as a consultation and are not subject to additional charges.

Remedies:

All Health Plans include H3 Natural Medicine prescribed homeopathic remedies as needed, up to a maximum of 12 remedies. Any additional remedies are subject to \$5 per dose.

Other Products:

Any nutritional products such as vitamins, minerals, creams or tissue salts are not included in the plan but are available if necessary, for an additional cost.

Other Services:

All Health plans include only Homeopathic Consultation. Any other holistic services either administered by H3 Natural Medicine or via 3rd party are not included in the plan.

Payment Terms:

All Health Plans are refundable if cancelled within 4 visits or 3 months, whichever comes first. The Plan member may cancel their plan at anytime. Upon cancellation H3 Natural Medicine will adjust the balance owing based on the latest fee schedule posted on www.h3naturalmedicine.com. This means that each visit will be charged at regular price and not at the discounted rate of the plan.

Payment type is subject to the discretion of H3 Natural Medicine. All returned cheques are subject to \$35 charge.

Expiry

Health Plans do not expire.

Renewal

Health Plans do not automatically renew. The Plan member will be given 30 days notice prior to the plan ending. If they choose to renew under the same plan, 2 additional repeat visits will be added in place of the initial consultation.

Upgrading Your Plan

The Plan member at anytime may upgrade their plan to the Wellness or Family plan. The Plan member will be required to pay only the difference in the Plan Price. Services rendered will be applied against the new plan.

Other Conditions

- Health Plans are not transferable and can not be shared. They are only available to the Plan Members.
- All persons under 18 years of age must be enrolled by an adult. Persons under 18 years of age will not receive treatment or consultation without adult consent.

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- Family Plans require 4 family members to be identified on the enrolment form and that each plan member fills out a consent form and patient history form.
- Family Plan members can not change a listed member once initial consultation has been administered.
- Wellness Plan & Family Plan members may transfer consultations to other plan members identified on the enrolment form. This requires written and signed consent from the plan member.
- H3 Natural Medicine reserves the right to cancel or refuse consultation and will reimburse the plan member based on the payment conditions.
- H3 Natural Medicine is a homeopathic clinic and is not responsible for patients who choose to supplement treatment with any other type of medical practice.

I agree to and acknowledge that I have carefully read and understand the terms and conditions as stated in the Health Plan enrolment form.

Dated and Signed in Scarborough, ON (mm/dd/yy): _____

Member Signature_____

Member Signature_____

Member Signature_____

Member Signature_____

Parent / Guardian (print) _____
(Under 18 years)

Parent / Guardian (sign) _____
(Under 18 years)

Witness_____ (Mona Lisa Ashkar)