Vibrant Health Naturopathic Medical Center

& Clinical Thermography
Dr. Nicole Schertell
100 Shattuck Way, Newington, NH 03801
(603) 431-6677 or (603) 610-7718
1-888-796-2862 fax

Welcome!

Vibrant Health is an integrated natural medicine clinic that combines science & nature to provide safe and effective medicine for the "whole family". We are part of the Whole Life Health Care concept, and work together with other providers in the building to ensure that patients get the best health care possible.

Our services include:

- Personalized Holistic Treatment Plans
- Botanical & Nutritional Medicine
- Full Natural Pharmacy
- Homeopathic Prescriptions
- Wellness and Nutrition Education
- Outsourced Specialty Laboratory testing
- Physical and Gynecological Exams
- Personalized Cleanse Programs
- hCG Weight Loss Program
- Full Body and Breast Thermography
- IV Therapy

What to Expect When You Visit

The First Visit

A typical first office visit for a Naturopathic patient is 1 ½-2 hours long. An extensive health history is taken and physical exam and laboratory work may be indicated. An initial treatment plan will be provided.

Follow Up Visits

A two to six week follow up appointment will be scheduled to discuss lab results and evaluate the progress of initial therapies. We are here to assist you in healing and achieving wellness. This requires a commitment on your part to keep scheduled appointments so we may work together as a team.

Laboratory Tests

We do a variety of in house and outsourced lab testing (lab fees not included, see Financial Policy). We will review lab results at your scheduled follow up visit. If there is urgent cause for concern regarding your results, you will be contacted by your naturopathic doctor or staff. Blood work done within one year is usually acceptable. In some cases additional blood work may be required and it is the responsibility of the patient to cover additional fees and laboratory tests.

Reaching Your Naturopathic Doctor between Visits

We understand you may have questions about your treatment plan or you may need to inform your doctor of new developments. If you have a question or concern that cannot wait until your next visit, we encourage you to call. Our staff will attempt to get your questions answered promptly or to schedule you with your naturopathic doctor as needed.

For Urgent Concerns

Please let our receptionists know you have an urgent concern and they will schedule an appointment that day or as soon as possible with your naturopathic doctor. If it is difficult for you to come in for an office visit, a phone appointment may be arranged.

Phone Appointments

Phone appointments are available for patients unable to make an office visit due to long distance or other factors. These are billed the same as scheduled office appointments. We ask you to pay for phone appointments by credit card at the time of the appointment. Keep in mind the doctor may need to see you in person.

After-Hours Emergencies

If you feel that you have a medical concern that cannot wait until the next business day, you may call our emergency line at 603-294-5931. Leave your name and phone number starting with the area code and **state you are a patient of Dr. Schertell's**. Patients utilizing our after-hours emergency line of service, please note that while brief conversations (less than five minutes) are generally free of charge, this service is billed as if it were an office visit for longer services.

Medical Emergencies

Please call 911 or go directly to your local emergency room.

Natural Pharmacy

You will usually be prescribed specific nutritional, botanical, hormonal or homeopathic medicines at the time of your visit. These products have been chosen for their quality, potency and specificity to meet your needs. We offer a fully stocked natural pharmacy, with products that have demonstrated clinical effectiveness and safety.

To fill or refill your dispensary items

We offer several options for making refills as convenient as possible

- 1. You may pick up your items at the front desk downstairs. We are open Monday thru Friday 9:00-5:00 and are closed for lunch between 12:30-1:30pm.
- 2. We can ship items UPS for a shipping charge starting at \$8.00. Actual shipping fees will apply. Orders over \$80.00 receive free shipping.
- 3. Call 603-610-7718 or e-mail your order to enaturopath@gmail.com
- 4. Please allow 48 hours advance notice to prepare your order.
- 5. Special orders and/or prescriptions may need extra time.

Payment for supplements is expected at the time of order. For your convenience, you may pay with a credit card over the phone.

When you place an order, please specify:

- The product name
- The number of pills in the bottle
- The brand name on the bottle
- The number of bottles you need
- A phone number to call you back when the order is ready

Finances:

First Office Visit: The fee for a first office visit with Dr. Schertell is \$290.00

Follow-up Appointment: Follow-up appointments are typically \$110.00 to \$185.00 depending on how much time is needed with the doctor.

Rescheduling or Cancelling Appointments: If it becomes necessary to cancel or reschedule your appointment, please give the front desk 24 *working hours notice* (48 hour notice for a First Office Visit) so that others may use that time. You may be charged a fee of \$100 for missed appointments without appropriate notice.

Health Insurance: We do not submit claims to insurance, but we do provide you with an invoice that indicates the medical codes for your treatment, diagnosis, and itemized fees. You may submit this to your insurance company for reimbursement.

Thank you for your cooperation. We look forward to serving you!

Please sign and date <u>the following page</u> to indicate that you have read and understand the above policies. You may tear off the last page and give it to the doctor, and keep the remainder for your records.

Vibrant Health Naturopathic Medical Center

& Clinical Thermography
Dr. Nicole Schertell
100 Shattuck Way
Newington, NH 03801

l,	, have read and understand this packet.
(Printed name)	
I realize that I am responsible for payment at the en	d of my appointment.
Signed:	Date: / /