

North Coast Family Health – Naturopathic Medicine

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500 Market Street, Suite 1F
Portsmouth, NH 03801
603-427-6800
www.naturopathic-doctors.com

Welcome!

The naturopathic doctors and support team welcome you to North Coast Family Health. We are an integrated natural medicine clinic specializing in personalized natural health care and preventive medicine for the entire family.

Our services include:

- Personalized treatment plans
- Homeopathic prescriptions
- Intravenous nutritional therapy
- A full Naturopathic dispensary
- Wellness and nutrition education
- In-house cholesterol panels, blood sugar screenings, and urinalysis
- Outsourced Laboratory testing
- Botanical and Nutritional Medicine
- Physical and gynecological exams
- Body composition analysis
- Personalized cleanse programs

What to Expect When You Visit

The First Visit

A typical first office visit 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. 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.

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. We have friendly front office staff who will do their utmost to get your questions answered promptly or to schedule you with your naturopathic doctor as needed.

For urgent concerns: Please let our front desk staff know you have an urgent concern and they will schedule an appointment that day with one of our naturopathic doctors, or as soon as possible with your own naturopathic doctor. If it's 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 pager at 603-639-1718. Leave your name and phone number starting with the area code. Our naturopathic doctor on call will return your call as soon as possible.

Patients utilizing our after-hours pager 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.

Dispensary:

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. NCFH offers a fully stocked Dispensary.

To fill or refill your dispensary items:

1. **Pick up** items at the front desk. We are open Monday thru Friday. (After 10:30 am on Tuesdays)
2. **Call us** on the telephone, 603-427-6800. We will send items UPS for a shipping charge starting at \$8.00. Orders over \$80.00 receive free shipping.
3. **E-mail** your order to ncfhdisp@comcast.net.
4. **After hours pick up.** A drop box is located on the first floor at the rear of the building in the mail room. Items will be labeled with your name inside a paper bag. Just call the front desk to place your order.
5. **Fax** your order using our dispensary order form online or from the front desk. Fax number is 603-427-2801.

When you place an order, please specify:

- The product name
- The number of pills in the bottle
- The company who formulates the item
- The number of bottles you need.

Finances:

First Office Visit: The First Office Visit fee for an adult patient with Dr. Quinn is \$325.00 and \$220 for children 12 and under. The First Office Visit fee for all patients with Dr Hecht is \$500.00. The First Office visit for all patients with Dr Fassler is \$400.00.

A \$100 deposit is required to hold the appointment for your first office visit. You may use your credit card or send a check. To hold your appointment for you we need to receive your deposit one week prior to your appointment.

Follow-Up Appointments: Follow-up appointments are \$50.00 - \$220.00 depending on how much time is needed with your naturopathic doctor.

Rescheduling or Cancelling Appointments: If it becomes necessary to cancel or reschedule your appointment, please give the front desk 24 hours notice (48 hours for a First Office Visit) so that others may use that time. Patients who miss their appointments without adequate notice will be billed for the visit. Fifty percent of the missed appointment charge will be applied to the next appointment when you reschedule.

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

Directions: From Interstate 95, take exit 7 (which is the exit just south of the Piscataqua Bridge on the border of New Hampshire and Maine.)

Coming from the south: Take a right off the ramp onto Market Street, pass the Albacore Submarine Museum on the right, and at the next set of lights, take a right into the Nobles Island Condominium Complex. We are the first building on the right, third floor.

Coming from the north: Take a left off the ramp onto Market Street and then follow the directions as from the south above.

***Thank you for your cooperation. We look forward to serving you.
Please sign and date to indicate that you have read and understand the above policies.***

We appreciate the opportunity to serve you!

Signature of patient or guardian

Date

North Coast Family Health, Inc.
500 Market Street, Suite 1F
Portsmouth, NH 03801
603-427-6800

Informed Consent for Treatment

I _____, hereby authorize North Coast Family Health, Inc. to provide naturopathic medical care to me, including diagnostic, therapeutic and other services necessary to facilitate my diagnosis and treatment. I understand that these services may include, but not be limited to the following:

- **Common diagnostic procedures:** e.g., venipuncture, pap smears, radiography, laboratory, x-ray
- **Minor office procedures:** e.g., dressing a wound, ear cleansing
- **Medicinal use of nutrition:** therapeutic nutrition, nutritional supplementation, and intramuscular vitamin injections
- **Botanical medicine:** botanical substances may be prescribed as teas, alcoholic tinctures, capsules, tablets, crèmes, plasters, or suppositories
- **Homeopathic medicine:** the use of highly dilute quantities of naturally occurring plants, animals and minerals to gently stimulate the body's healing responses
- **Lifestyle counseling and hygiene:** diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction and balancing of work and social activities
- **Psychological Counseling**
- **Contraception**
- **Immunization**

I understand and recognize that there are potential risks and benefits of the treatment provided to me, which are described generally below. I understand that I should discuss any concerns I have regarding the potential risks and benefits with the North Coast provider treating me.

Potential risks: allergic reactions to prescribed herbs and supplements, side effects of natural medication, inconvenience of lifestyle changes, injury from injections, venipuncture or procedures.

Potential benefits: restoration of health and body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

Notice to Pregnant women: All female patients must alert the naturopathic doctor if they know or suspect that they are pregnant. Some of the therapies used could present a risk to the pregnancy.

With this knowledge, I voluntarily consent to the provision of treatment to me by North Coast Family Health, Inc., realizing that no guarantees have been given to me regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue my treatment at any time.

Date

Signature of Patient

Signature of Patient Representative or Guardian

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Confidentiality and Release of Information

I understand that North Coast Family Health will maintain records on me relating to the naturopathic medical services provided to me. I further understand that North Coast Family Health will maintain the confidentiality of those records and will not disclose them without my written authorization, except as authorized below.

I authorize North Coast Family Health to release any medical or health information about me as follows: (1) to other health care professionals with whom North Coast Family Health may consult in order to provide services to me, and; 2) as required by law.

I understand that I may receive a copy of my medical record upon written request and upon payment of the copying charges associated with preparing my record.

I understand that North Coast Family Health will keep my medical record for a minimum of seven years.

Date

Signature of Patient

Signature of Patient Representative or Guardian

Payment for Services

I accept full responsibility for the medical charges incurred by myself or the patient for whom I am legally responsible. I agree to pay North Coast Family Health for all charges in full at the time of service, unless other arrangements have been approved by North Coast Family Health.

Date

Signature of Patient

Signature of Patient Representative or Guardian