

# CHRISTOPHER LEPISTO

DOCTOR OF NATUROPATHIC MEDICINE

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Welcome to my practice and your new journey to health through naturopathic medicine! I have been looking forward to your visit. With your help, we will create a path of wellness for you. The following information will orient you to my clinic procedures. Please ask if you have any questions. In order to get the best picture of where you are in your process towards vibrant health, I will need to get as much information as possible prior to the visit. This is a chance for both of us to prepare for our time together. Please fill out all of the attached forms and return them by email, fax or bring them completed into your appointment.

## **The First Two Visits**

My commitment is to assist you in creating and fulfilling your vision of health. During the first visit we will clarify your ideas of a healthy self and determine where you are now in relationship to your vision. The visit will include a comprehensive health history, a thorough review of your current health, a physical exam, review of existing lab work, ordering of any new lab tests if necessary, and the beginnings of a treatment plan. If available, please obtain lab work from your current providers from the last 1-2 years and bring this to your visit along with any supplements or medications that you are currently taking. In this visit you and I will decide together whether or not you will respond favorably to treatment at the clinic. A second visit will be a presentation of findings from the first visit, in which a comprehensive plan will be created over a number of visits on how to achieve the health you desire. If you decide to pursue treatment, we will work within a budget and timeframe that is helpful for you. The course of care that I will prescribe usually includes a combination of educational materials, specific natural therapies, consultations and subsequent re-evaluation and re-examination. These reassessments and re-examinations are crucial to evaluate your response to the prescribed program. The reassessments help Dr. Lepisto determine whether you need to make changes in your treatment plan to fulfill your vision of health. Remember that symptoms may resolve long before the underlying causes of disease have been completely eliminated. Instead of merely eliminating symptoms, our aim is to support you in creating health.

## **Appointment Changes**

Should you need to change an appointment for any reason barring serious emergency, I require a minimum of 24 hours notice to reschedule. For patients who neglect to reschedule 24 hours in advance, I will charge the full office visit fee.

## Fees

Fees are due the day the service is provided. An adult first visit of 60 mins is \$250 and a pediatric first visit is \$200. All continued treatment visits and scheduled consultations, whether in person or telemedicine are based on \$165/hr with a 30 min minimum. House calls may be available for an additional \$25 fee. There is no charge for consultation time of 5 minutes or less. I also bill for time spent on emails, medical record review, research and treatment plan creation at the same \$165/hr rate.

Potential medical record copying fees as allowed by law are:

1. \$1.40 for the first 10 or fewer pages
2. \$0.50 each for pages 11-40
3. \$0.33 each for pages 41 and thereafter

Payment may be made with cash, personal check or credit card. Your cooperation is appreciated! There are no insurance options available including Medicare or Medicaid, but I will provide you with a receipt of payment including all codes that you may use to submit to any insurance company for reimbursement. Successful reimbursement depends entirely on your insurance plan.

I have found these policies to be most effective for my patients and I. Outstanding balances can cause challenges that create awkwardness and decrease the effectiveness of your healing process. If you foresee any financial challenges, be sure to address them with me prior to your initial consultation.

I understand the office policies as stated above, and I agree to fulfill my responsibilities as a patient as stated herein:

\_\_\_\_\_  
Patient/Guardian/Representative's Signature

\_\_\_\_\_  
Date

Best,

Dr. Lepisto