



## Choose The Natural Path LLC

*Susan Ventrella, DO, ND*

Please fill out this form and bring it in with you to your first appointment.

1. I understand that Dr. Susan Ventrella, although fully trained as a Family Practitioner is no longer functioning in that capacity. I will maintain a Primary Care Doctor the entire time I work with Dr. Susan Ventrella.
2. Dr. Ventrella will not directly alter medications prescribed by other doctors. She may make suggestions how natural alternatives can reduce the need for these medications. You must work with the prescribing doctor when attempting to titrate those medication doses back. Never do this on your own.
3. I promise to be courteous and respectful towards Dr. Ventrella and the members of Elmer Family Practice that are hosting her practice. We recognize that people who are not feeling well are not at their best. Having said that, rude or obnoxious behavior will be grounds for dismissal from this practice.
4. Payment for services is rendered at the time of scheduling the appointment. There will be no exceptions. Refunds will only occur if you cancel a full 48 hours prior to the appointment.
5. No insurances are accepted. You are free to pursue reimbursement through your insurance company at your discretion. Be advised that ICD 10 codes may not exist for the problems you have as they are based on and designed for conventional medicine. I will do my best to provide codes when it is possible.
6. I will personally do my best to help you with whatever issues you bring to me. I expect that you, in turn, will do your very best to do what I suggest for you.

**I have read the above and agree to comply to the best of my ability.**

Name (*print*) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_