

**Cheryl Kasdorf, ND, LLC**  
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Welcome to Naturopathic medical care by Cheryl Kasdorf, ND, LLC. I encourage questions and participation in all aspects of your health care.

All information given now or at any point in the future is entirely confidential. If I receive requests to share information with doctors, insurance groups or health agencies, I will do so only with your permission.

Please note that the natural medicinary I use is very effective and prescription medicines are rarely needed. Nevertheless, the scope of practice for Naturopathic Physicians in Arizona includes most prescription medications. The most common prescriptions I write are for thyroid and female hormones. If you already are on a prescription medication, you will need to consult with the prescribing doctor to continue or discontinue with it.

Due to Chemical Sensitivities of some of my patients, please do not wear any perfumes, colognes, or scented toiletries to my office during your office visits. Thank you for your consideration of others.

**Office Financial Policy:**

Payment for service and medicinary items is required at the time of service, by cash, personal check, or credit card. If immediate full payment presents major difficulties, request to discuss other arrangements before your scheduled visit.

Dr. Cheryl Kasdorf is not a provider on any insurance plan. This includes Medicare. You are responsible for the entire amount owed. If you choose to submit your bill to your insurance company, be aware that some insurance companies will cover some services but not the medicinary items I prescribe and dispense. There is no guarantee of coverage, even though I am licensed as a primary care provider. There will be an additional charge if there is a need to fill out extensive forms or send a copy of your chart. Please note that Federal regulations do not allow patient requests for Medicare reimbursement.

Anything beyond a brief (10 min.) phone call discussing patient care will be billed to you at regular office visit rates. To provide you the best care possible, I will not discuss your next steps in an email.

A fee may be charged for a returned check, also a missed appointment if not cancelled 24 hours ahead of the scheduled time.

*I have read and understand the policies of Cheryl Kasdorf, ND, LLC stated above and will comply with them in all respects.*

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Your signature

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Print your name

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Date