



Greg Barsten, DC, MS, CCN, RH (AHG)

HealthQuest

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Los Gatos, CA 95032
(408) 358-2225
www.HealthQuestForMe.com

Welcome! Thank you for selecting HealthQuest for your healthcare needs. Please take a few moments and familiarize yourself with our policies.

Rates and Fees

Initial evaluations and in-office testing are charged at a rate of \$395 per hour (30 minute increments). Follow-up visits are the same rate (15 minute increments). Outside lab fees may be extra.

Telephone consultations (15 minute increments) are the same rate as above. Brief questions (less than 5 minutes) are free. However, if the time exceeds 5 minutes and/or calls are frequent, we will suggest a phone consultation so as to better address concerns, and not piece together important information.

Insurance: Upon request, we will provide you with a receipt and, if appropriate for your condition, a claim form that you can submit to your insurance company to seek direct reimbursement. HealthQuest does not accept insurance for payment. In addition, HealthQuest does not provide services within the Medicare or Medicaid contract.

Email communication is available for brief questions or clarification. It is not a substitute for an office visit and is offered as a simple communication option. We will respond at our earliest opportunity.

Preparation Guidelines

Please do not eat 1 hour before the appointment, including coffee.

In consideration for some of our chemical and environmentally-sensitive patients, **please do not wear any perfume or cologne the day of your appointment.**

Medical Records

Please bring your latest lab (blood, etc.) and imaging studies if applicable (**reports only, not the actual films**) with you to the appointment. **Make copies** as the copies we obtain from you will be kept for our records. Please do not fax to our office if more than 5 pages. Be sure to allow enough time to have these in your possession before the appointment. You may need to sign an “authorization to release medical records” form at your doctor’s office. All records are strictly confidential.

Retail Sales and Product Shipping

Supplements may be ordered by phone or email. Guidelines:

- \$100 minimum order
- No shipping of glass over 2 oz.
- No large containers.
- If not available on our Virtual Pharmacy, product(s) can be drop shipped from supplier.

Our Virtual Pharmacy can meet most of your supplement needs. See www.HealthQuestForMe.com for details.

Return Policy

If for any reason you decide to return a product, we are happy to give you a refund or credit if the bottle is unopened, has not expired, and was purchased within 60 days. No returns will be allowed for purchases greater than 60 days or for special items (homeopathics, enzymes, probiotics, custom herbs or tonics).

Copies, Reports and Forms

There is an additional charge of \$25 to \$100 to complete forms or write reports based on their complexity. There is a \$15 charge to make copies of chart contents. We encourage you to keep copies of your lab results to avoid this charge.

No Show and Cancellation Policy

Dr. Barsten is committed to offering the highest level of service to as many people possible and provides the best resources available for your appointment. Therefore, **we require a minimum of a 48 hour cancellation notice on all appointments of 1 hour or more, and a 24 hour notice on shorter appointments.** No shows or cancellations with less notice may be billed the full fee. Our staff will attempt to remind you of your appointment, but it is your responsibility to remember.

Credit Card Authorization

This authorizes Dr. Greg Barsten/HealthQuest to maintain my VISA or MasterCard on file. I understand that Dr. Barsten/HealthQuest will keep this number confidential. For my convenience, you will use this number to charge my supplements, mailed supplement orders, telephone consultations, no-shows and late cancellations. I do not need to reauthorize for each order. I will give Dr. Barsten/HealthQuest a verbal or written update when this card expires.

Name (print clearly) _____ Home Phone _____
Credit Card Number _____ Expiration Date _____ Code _____
Signature _____ Date _____

Informed Consent

I, the undersigned, have voluntarily requested that Dr. Greg Barsten assist me in management of my health concerns. I have understood and agree to all policies and terms provided herein. I also understand that Dr. Barsten is a chiropractor, clinical nutritionist and herbalist and serves as a consultant utilizing natural biological methods. I also realize that his services are not to be construed as the 'practice of medicine' or serve as a substitute for standard medical care.

Signed _____ Date _____

When all pages are completed and received by the office, we will call to schedule the visit. Daytime Phone _____

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Payment Policy

1. Services are payable at the time of service. We accept, cash, check, VISA and MasterCard.
2. Phone consultations can be billed to your credit card. We can send you a statement describing the service/fees.
3. Supplements or products can be shipped and charged to your credit card.