

Welcome,

Thank you for entrusting A Healthy State of Mind Clinic with your health care. I look forward to working with you to optimize your health. Please complete all new patient forms and bring them with you to your first visit.

The new patient forms (and screening forms as appropriate) will help me greatly in providing you with high quality medical care. Your effort in completing these forms as accurately and as fully as possible will help me in studying your case and formulating your customized treatment plan.

I would like to take this opportunity to let you know about a few of my practice policies:

- If you are unable to make your first appointment, please notify me at least 48 hours in advance. Failure to do so will result in a \$150 fee (\$50 of which can be credited to your new appointment time should you reschedule).
- Full payment (cash, check or credit card (Visa, Mastercard or Discover)) is due at the time of visit. There will be a \$25 fee for returned checks.
- Please silence all cell phones within the clinic space so as not to disturb other providers, clients and our visit together.

Thank you for agreeing to adhere to these clinic policies. I look forward to meeting you!

Sincerely,



Mary R. Fry, N.D.