

**J. Yusuf Q. Erskine DO**  
The Family Wellness Medical Center  
506 South Main Street, Sebastopol, CA 95472  
Phone: (707) 829-5455, Fax: (707) 824-9235

## Homeopathy Fee Schedule 2016

<u>Services</u>	<u>Fee</u>
Adult Constitutional Initial Intake* (60 minutes)	\$375.00
Comprehensive Adult Initial Intake* (90 minutes)	\$475.00
Pediatric Initial Intake or Re-Take*	\$275.00
Subsequent/Follow up Apt.* - Adult / Pediatric	\$225.00
Acute (brief) Case-taking Appointment +	\$150.00
*Phone consultations	\$50 Brief, (up to 10 minutes) \$100 Expanded, (11-20 min.) \$150 Prolonged, (21-30 min.)
**Case Management (phone, e- consults, e-mail)	\$50.00

### Additional Notes:

+ Acute Homeopathic Appointments are generally for established patients.

\* A 10 minute FU phone check-in with Dr. Erskine is included in the fees for the initial intake appointment. When additional phone consultations are required, see above fee schedule.

If your appointment goes longer than the normal scheduled time, we reserve the right to charge for overtime at \$50 per ten minute increments.

**\*\*Case management is billed when a review of your case is required between scheduled appointments, such as reviewing emails received with more than 2 sentences; requiring more than yes, no, or continue current plan, as my reply. Within 7 days you will receive an email with an invoice link; when opened you will see payment options. This new invoicing will replace our earlier semi-annual billing process. There maybe times with homeopathic cases based on acuity of symptoms, when more frequent correspondence is necessary and beneficial. Please contact our front office for more details.**

**\*Remedy Fees are payable at the time of pickup:** \$25.00 Remedy, liquid dispensed – ½ oz  
\$20.00 Remedy, refilled with patient's bottle  
\$20.00 Remedy, liquid dispensed – ¼ oz  
\$20.00 Remedy, single dry dose

**With most health insurance policies, homeopathy services are not a stated, covered benefit; therefore, homeopathy fees are due at the time of your visit. We can provide you with a super bill which you can forward to your insurance company for possible partial reimbursement for the office visit.**

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(Signature of Patient)

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(Date)