



I, _____ understand that the \$250 Consultation fee is a non-refundable service fee and does not go towards any additional services that may be obtained.

I further understand that the consultation refers to a discussion between the doctors and myself about the diagnosis or treatment of a particular case. This consultation will be my opportunity to ask questions and seek advice from the AME.

I understand that consultations are scheduled for the first two Wednesdays of every month and that it is my responsibility to call into the office and complete the \$250 payment over the phone. Once that payment is made, I should look out for correspondence with the Administrative Assistant to schedule the best time that works for me.

If I cannot make my scheduled consultation call, I understand that I have one opportunity for rescheduling, but I must give 24hr notice prior to my appointment. Failure to provide notice, I understand that I will not be refunded and if still seeking a consultation will have to repay for services and scheduling.

Signature

Date