

**Natural Whole Body Health**  
Dr. Cheryl Vincent  
540 Hopmeadow St., Simsbury CT 06070  
PH: 860-651-3355 Fax: 860-408-9648

---

**Office Hours:** Tuesday 10:00am-6pm (Zoom/phone consults available upon request)

**Cancellations:** -If unable to keep an appointment; 24-hour notice is requested.  
-For unforeseen emergencies or circumstances which necessitate cancellations, notification is requested as soon as possible.  
-Missed appointments without notification will be billed to the patient for the time reserved.  
-New Patient appointments are typically 45-60 minutes. At the time of booking your initial consultation, we request a credit card on file to reserve the room for your visit. If you do not show up for your appointment, you will be charged the appointment fee of \$225.00.

**Office Hour Calls:** Calls to the doctor during office hours will be answered by the receptionist who will take a message. The doctor will return all phone calls within 48 hours. If it is an emergency, please notify the receptionist.

**Phone consultations are available for a fee and will be scheduled by the receptionist.**

**Payment:** **PAYMENT IS EXPECTED AT THE TIME OF SERVICE.**

**Insurance:** We **ONLY** participate with **Anthem BC/BS, Connecticare & United Health.** We will submit claims for Cigna, Aetna&Medicare patients, after payment has been made in full.

**Informed Consent:** The signature below gives consent for the treatment of the individual or minor for whom they are legally in charge.

**May we leave a message on your answering machine or with the person answering the phone?**

YES \_\_\_\_\_ NO \_\_\_\_\_ ; If yes, preferred phone number: \_\_\_\_\_

Email?: YES \_\_\_\_\_ NO \_\_\_\_\_ : If yes, preferred email address: \_\_\_\_\_

Patient/Guardian Name: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_