

**Abernathy Naturopathic Family Health Care**  
**Dr. Crystal Abernathy, ND**  
**10008 Red Bluff Court**  
**Charlotte, NC 28269**  
**(704) 595-9155**  
**[Drcrystal@abernathynd.com](mailto:Drcrystal@abernathynd.com)**  
**NPI #: 1336359660**

**Patient Agreement**

Please **INITIAL (in the spaces prior to each item)** and print & sign your name/date at the bottom.

I, [**print your name here---**>] \_\_\_\_\_, understand & agree to the following:

- \_\_\_\_\_ Dr. Abernathy is reserving a full 3 hours for my appointment (\$365.00 total), charges for which will begin at my scheduled time. Late arrivals will still end on time.
- \_\_\_\_\_ My \$100.00 deposit is non-refundable. There are no exceptions.
- \_\_\_\_\_ If I need to change my appointment date and/or time, I will provide a minimum of 48 business hours notice, so that Dr. Abernathy will have adequate time to schedule another patient. ("Business hours" means Monday to Friday so if, for example, your appointment is scheduled for Monday at 10:00am, you must change it prior to Thursday at 10:00 am. Business days/hours do not include federal holidays.)
- \_\_\_\_\_ My \$100.00 deposit is transferable to another appointment date and time, if I provide a minimum of 48 business hours notice.
- \_\_\_\_\_ I agree to pay the remainder due (\$265.00) at the end of my appointment.
- \_\_\_\_\_ If I do not show up for my appointment ("no show"), I will pay the remainder of \$265.00 immediately.
- \_\_\_\_\_ If I reschedule my appointment with less than 48 business hours notice, I will pay the remainder of \$265.00 at the time of rescheduling, plus my new deposit (\$100.00).
- \_\_\_\_\_ If I cancel my appointment (without rescheduling), I will pay the remainder of \$265.00 at the time of cancellation.
- \_\_\_\_\_ If my appointment must be rescheduled due to my not providing required information on time, I understand that I will be charged immediately for the remaining \$265.00 & that I must reschedule within a month or forfeit the entire amount.
- \_\_\_\_\_ I will not initiate a credit or debit card dispute/chargeback for any of these amounts.

\_\_\_\_\_ I have read, and I agree to abide by, all Policies, and I understand that there are no exceptions.

- \_\_\_\_\_ [For in-person appointments only] I verify that I am not handicapped, to the degree that I am able to safely ascend 8 normal steps, with a landing in the middle.

Full Name (**PRINTED**): \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Today's Date \_\_\_\_\_