

CLIENT POLICY

SULIS HOMEOPATHY INC.

Mariani Shuilan May, D.HOM
310-986-3000

Please read each section carefully initial next to all sections

_____ I understand that in case of emergency I must call my doctor or go to the hospital.

Mariani Shuilan May does not treat emergency medical situations

_____ I understand- **I MUST BE MONITORED BY A DOCTOR OR PHYSICIAN AT ALL TIMES.**

Only your MD or Physician can change, adjust, or discontinue your prescription medicines.

_____ I have read and signed the 2002 CA SB 577 agreement.

_____ I understand that **it may not be possible to find the 'simillimum' or the best remedy for you.**

_____ I understand that I have the right to discontinue treatment at any time.

_____ I understand **CONSISTENT FOLLOW-UPS ARE NECESSARY** to monitor and adjust the the homeopathic remedy. Improvement in health is not guaranteed.

_____ I understand **payment is due and must be paid in full at the time service is rendered** by Homeopathic Health. **ADDITIONAL TIME OR SERVICES WILL INCREASE COSTS.**

_____ I am paying for the time Mariani Shuilan May spends gathering and researching my information.

- Initial consultation (**1.5 hours**) - \$280.00
- Follow up visits (**30-45 minutes**) - \$ 85.00
- Follow up or RETAKE visits (**1 hour**) - \$100.00
- Average remedy cost is \$25.00-\$35.00. Cost depends on the Pharmacy.
- Acute treatment-\$40.00 (15 minutes) addition time will be charged extra.

My signature shows I have read, understand and agree with the above information:

Please print your name _____

Sign _____ Date _____