



The Healthy Closet

2030 Viborg St. suite 103

Solvang, Ca. 93464

805-863-5313

Mailing address: PO Box 93, Los Alamos, Ca. 93440

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NOTICE FOR PAYMENT

You, not any insuring agency, are responsible for all charges incurred. Payments are due when services are rendered. It is up to you to seek reimbursement, if any, through your own insurance company. We will be happy to assist you in filling out any insurance forms.

Every unkept appointment can prevent someone else from receiving services. If you must cancel an appointment, please do so promptly, but no later than one working day prior to your scheduled visit.

Otherwise, you will be charged.

Various applications of nutrition rest on sound scientific principles, and background scientific information has been widely published. You will be given information, which you should review to assist in any recommended regimen.

I shall not diagnose or treat any disease, since this is suitable only for physicians. My intention is to help balance your body chemistry better, if that seems advisable. Should you be dissatisfied in any manner with the service provided by my staff, or me, promptly bring it to my attention, so it can be properly discussed.

If I have outlined a specific regimen, you can only expect desired nutritional results by following it. Individuals may vary greatly in their biochemistry, and thus results of a nutritional and detoxification / cleansing program vary accordingly. I aim to help you to get good results, not being interested in spending your funds and our time without expectation of progress.

Please understand that I am not a licensed doctor or physician, and any counsel given is strictly restricted to nutritional, homeopathic and emotional wellness education. Appropriate evaluation of your nutritional and emotional status, includes various adjunctive procedures to assist those evaluations. Your regimen may include recommendations or dispensing of nutritional substances, such as foods, foods for dietary use as defined under federal law, nutritionally derived substances, therapeutic grade essential oils, and homeopathic remedies.

I do not treat disease or medical disorder, nor cure diseases or medical and emotional disorders. References to specific body functions or organs during counseling are not intended to diagnose or prescribe disease or medical disorders, but are only for nutritional and cleansing parameters.

When you have read the above, and understand the nature of the services, which I am requested to render, kindly so indicate below.

Very truly yours,
Pam Fisher

I have read the above statement and understand the nature of the services, which I have requested Pam Fisher to render. I understand I am responsible for payment of services.

Dated: _____, 20_____

_____ Signature

_____ Please print name

_____ Telephone

_____ Address

_____ City

_____ State Zip Code

Disclaimer: We do not diagnose or treat any medical condition or disease. Our services are for health maintenance only. Nothing in the information provided is intended to treat or cure disease or to replace conventional medical approaches.