



Welcome!

We are delighted that you have chosen to see us for innovative, holistic medical care at Reboot Center.

Our mission: for your health to be your BEST asset.

Our method:

1. Assessing your unique health picture, including toxicities, deficiencies, imbalances, and more;
2. Crafting an individualized therapeutic plan, using the best of Western and holistic treatments;
3. Watching your health, resilience, and enjoyment of life unfold...

To your health,

Dr. Jennifer Schiavone-Ruthensteiner, owner/medical director
Reboot Center for Innovative Medicine

General Information

Reboot Center Hours:

Mon, Wed-Sat 9-5.
Tues 9-7.

Contact:

P 360.331.2464
E reception@rebootcenter.com
Center location: 5492 S Myrtle Ave Freeland WA 98249
Mailing Address: PO Box 554 Freeland, WA 98249

Medical Emergencies:

We do not offer after-hours or emergency services. In a medical emergency, please go to the emergency room or call 911.

Insurance & Financial Policy:

If you or your dependent are insured with an insurance company with whom your Reboot Center provider is contracted, Reboot Center will submit claims on your behalf. Please call your insurance company prior to your first appointment to ensure coverage. You are responsible for all charges incurred, whether or not they are covered by insurance. Certain services and pharmacy supplies may be considered non-covered, and these must be paid for in full at the time of the visit. In order to keep your or your dependent's insurance information updated, please remember to bring in the current insurance card to each visit.

If you or your dependent are not insured with an insurance company with whom your Reboot Center provider is contracted, all charges are due at the time of the visit. However, certain services may still be in whole or in part reimbursable. You may request coded invoices to submit to the insurance company for potential reimbursement.

If there are changes to your or your dependent's health insurance carrier or demographic information, please let the receptionist know upon your arrival at the office.



You will be billed \$50 for missed appointments or appointments cancelled with less than 24 hours' notice.

If you or your dependent's account becomes 60 days past due, finance charges will begin accruing at a rate of 2% per month. Overdue accounts will be forwarded to an outside collection agency and you will be responsible for any fees generated as a result of collection efforts.

We accept cash, checks, debit cards, Visa and MasterCard. A fee will apply for any returned checks.

Any guarantor listed is subject to the same financial terms as outlined above. Your or your dependent's account balance and payment history and due dates may be disclosed to the guarantor for the purposes of securing payment. The guarantor, if someone other than you, is not authorized to receive your or your dependent's medical information unless expressly authorized by you in writing.

Pharmacy Return Policy:

Unopened, non-expired pharmacy items can be returned for a full refund within 60 days of purchase.

Opened pharmacy items cannot be returned.

Regarding Fragrances:

Please come to our office as fragrance-free as possible. Many shampoos, conditioners, hair styling products, aftershave, perfumes/colognes, soaps, deodorants, fabric softener, and detergents may constitute a serious health hazard to our chemically sensitive patients and staff. We appreciate your consideration of this issue.

Preparing for your initial visit:

Please bring with you:

- Copies of all medical records from the past 12 months. This includes chart notes, lab reports, diagnostic studies, and other health evaluations.
- All current medications and supplements in their original containers.
- Completed forms:
 - **Health Form (whichever is the most applicable):**
 - **Adult Annual Exam Visit Form** (routine preventive visit)
 - **Well-Child Visit Form** (routine preventive visit)
 - **Adult Health Form** (visit focused on specific health concerns/goals)
 - **Pediatric Health Form** (visit focused on specific health concerns/goals)
 - **Consent Form**
 - **Adult or Pediatric Demographic & Billing Information**
- If you need to request medical records from other offices, please fill out one **Record Release** for each office.
- If you would like your Reboot Center provider to focus on dietary aspects of your or your dependent's health during the first visit, please also complete the **Food Journal**.
- **Please arrive ten minutes prior to your scheduled appointment.**

Preparing for return visits:

Please bring with you:

- Copies of lab reports, diagnostic studies and other evaluations conducted since the last visit
- New medications and supplements
- Completed **Periodic Health Update Form**.

We look forward to seeing you!