



Letter of Understanding

I, the undersigned, understand that Paul Bundschuh is practicing classical homeopathy and is not a medical doctor (MD). As such, I acknowledge that it is my right and responsibility at any time throughout treatment with Paul to seek medical counsel and diagnosis from an MD. In addition, the decision to adjust or terminate any current medications prescribed by an MD shall be arrived at jointly by the undersigned and the MD. I also reserve the right to terminate homeopathic treatment at any time. I acknowledge that the state of my health is my own responsibility and that I am exercising my right to choose an alternative method of treatment in homeopathy, which addresses my health in its entirety.

Fee schedule as of January 1, 2004

As the existing Provincial Government medical insurance plan does not as yet cover homeopathy, I agree to pay all fees incurred as presented in the rate schedule below (rates subject to change). Some private group insurance plans may provide coverage. It is my responsibility to check my policy. I understand that Paul provides a Letter to Insurer that I may send to request inclusion.

Chronic Illness Program: (cost of remedy & HST included)	
Initial homeopathic consultation (2 - 3 hours).....	\$140.00
Follow-up visits (up to 90 minutes each).....	\$ 75.00
Optional discounted package of 4 sessions.....	\$310.00
Children 10 and under:	
Initial consultation	\$90.00
Follow-up visits	\$50.00
Optional discounted package of 4 sessions	\$200.00

Please note

The optional discounted package for those who commit to a four-session plan (initial consultation plus three follow-up visits, which is the recommended course of treatment) is payable at end of the initial consultation.

All fees are payable at end of each consultation (cash or cheque only).

Long distance telephone calls are the patient's responsibility.

A fee of \$0.50/km fee for travel expenses will be applied to all in-house visits.

A \$6.00 express post shipping fee will be applied to remedies sent in the mail.

Tissue salts (\$12.00 - small, \$18.00 - large) and Bach essences (\$5.00) are an additional charge.

Missed appointments not given 24-hour notice will be subject to full payment.

Patient signature: _____
(If patient is under 18 years of age, a parent or guardian must sign.)



Statement of Acknowledgement and Consent to Treatment

Currently there is no legislation regulating the practice of homeopathic medicine in the province of New Brunswick. Please consider the following and sign to acknowledge:

1. That you understand that I practice classical homeopathy, and that I use non-invasive, natural methods of assessment and treatment of body dysfunctions.
2. That any treatment you receive is not mutually exclusive with any treatment or advice you may now be receiving or may receive in the future from another health care provider.
3. That you are consenting to this care of your own free will.
4. That you understand the methods I use have sound clinical foundations, yet may not be accepted by standard, allopathic medical practitioners.
5. That you understand I reserve the right to determine which cases fall outside my scope of expertise, and will make appropriate referrals.
6. That you understand the responsibility for your health care is your own, and that I offer to support you in this. I reserve the right to discontinue my services where it is apparent that our expectations are not in agreement.
7. That while changes in dietary habits are not an absolute prerequisite for treatment, you understand that failure to follow sound nutritional, exercise, and lifestyle programs could undermine expected results.
8. That you are not acting on behalf of any private government agency, attempting to gather information, without disclosure.

I, _____ have read, understood and acknowledged the above.

Signature _____

Date _____