INTEGRATIVE HEALTH

An Explanation of Our Financial Policy

As doctors and staff, we are passionate about what we do, and we feel that we have a calling to provide the highest quality of Functional and Integrative health care. Just as our services are unique, our financial policies set us apart from mainstream medicine. We have prepared this handout to answer questions you or your family members may have about the rationale for our financial policies. If, after reading this, you still have questions, feel free to speak with our staff.

Why We Do Not Accept Insurance Assignment

Many people who have contacted our office for our services have asked us why we do not bill insurance directly when other medical providers do. We fully understand the financial challenge this presents to some patients, and we wish there were a way for us to bill your insurance company. Unfortunately, at this time, there is not. Here is why:

When clinics bill health insurance companies directly, the doctors are required to become participating providers. The doctors must sign a contract that allows the insurance company to determine which services they will and will not provide and how much they can charge for those services. In general, insurance companies are not focused on any preventive or wellness services. We are committed to the functional medicine model that addresses the underlying causes of your symptoms with specific nutritional and lifestyle recommendations.

Why Our Doctors Must Charge for Your Follow-up Consultations

Some patients have asked why we charge for follow-up consultations regarding lab results and exams, as well as for telephone and Skype consultations, when other doctors do not. Our doctors' pay is based solely on the time and services they provide. Like all non-salaried professionals, including lawyers and accountants, our doctors must charge for their time so we can afford to provide you with care and remain in business. In general, we charge only for our face-to-face time with you. Our doctors spend considerable non-reimbursed time each week reviewing your records regarding your care, and meeting with staff to improve the quality of our services.

In follow-up visits, our doctors spend significant time discussing your results with you. For example, it is relatively simple to inform a patient that her mammogram is negative; but it is entirely different to discuss the results of more complex functional evaluations and to recommend practical lifestyle and dietary strategies that may help to prevent breast cancer. Patients often complain that conventional doctors do little to nothing in the way of truly preventive medicine. We want you to understand that preventive health care takes considerable time and expertise on the part of the doctor.

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INSURANCE CLAIM MANAGEMENT

- We are non-participating providers for all insurance companies including Medicare.
- We do not bill Medicare or any other insurance company.
- Because we have opted out of the Medicare program, Medicare does not allow reimbursement for any services rendered by our office.
- The only exception is certain specialized labs where the lab will bill Medicare directly.
- At the time of your visit, we will give you a receipt and an encounter form with appropriate codes which enables you to submit your claim to your insurance company directly. Please be sure to make additional copies for your records. Most insurance companies have a claim form on their website which you can download to attach to your receipt and encounter in order to seek reimbursement.
- Your insurance coverage is a contract between you and your insurance company. For this reason, we do not respond to requests or inquiries from insurance companies for office notes, lab results, and letters of medical necessity or claim appeals. Since we are non-participating providers with all insurance companies, our involvement generally results in denials and is therefore not beneficial in obtaining approval.

PAYMENT POLICY

- Please be sure to check out with our financial coordinator after each visit.
- Payments are due in full at the times of service.
- Any and all open balances will be collected prior to your next appointment; otherwise unfortunately we will not be able to continue your medical care.

I have read and understood the office policies
Print patient name:
Patient signature:
Date:
Office personnel signature: