

**Integrative Medicine Laser Aesthetics
Financial Policy**

Cash, checks, HSA, credit cards (MasterCard, Visa, Discover) or Care Credit* are all accepted methods of payment for our services. Payment is due, in full, at the time of the scheduled appointment. When you schedule your *Initial Consultation*, we will obtain credit card information and keep it on file to hold the appointment for you. No charges will be applied to your credit card unless you miss or cancel your appointment without proper notice, at which point you will be charged \$100. Fees for appointments are listed in Table 1 below. All charges for the consultation, nutritional supplements, and other health care products or services you purchase, will be itemized and payment is due in full on the day of service.

Initial Functional Medicine (FM) Consult	\$475
FM follow up visits	\$185
Convenient Care Visit	\$145
Action Plan/Health Assessment Consult	\$95
Aesthetic Services	*Based on services provided. Contact office.

**Prices subject to change. Contact the office for current rates.

*Care Credit works just like a credit card, but it is exclusive for healthcare costs. It allows up to 6 months same as cash before interest charges are applied. With low monthly payments every time you use it, you can use your card over and over for follow-up appointments. You can apply for Care Credit on line at carecredit.com.

Any returned checks will lead to an additional charge of \$50 (plus any bank fees) and removal of check-writing privileges in our office.

We do not participate in any third-party payment systems (i.e., private insurance plans, cost sharing plans, Medicare/Medicaid) and our office cannot assist you with claim resolution. Our office has opted out of Medicare and you should not and may not submit your paperwork to them for reimbursement. If you are a Medicare patient, you will be asked to sign a form attesting to your understanding of our Medicare policies prior to or at your visit. All other patients will be provided a complete billing receipt (Superbill) that you can use to submit to your insurance company for reimbursement. If they reimburse or how much they reimburse is variable and you would need to check with your insurance carrier. We cannot guarantee you will be reimbursed.

Functional Medicine Appointments

- **Pre-appointment-** Prior to your initial appointment, your provider may spend hours reviewing your medical questionnaire(s), previous medical records, or other information you have provided. For follow up appointments, your provider can spend approximately 2 hours reviewing your most recent action plan, lab results, research articles and current literature, or other data that we have received before your appointment.
- **Initial Consultation** with your physician involves a 90-minute (or more) appointment with your physician or physician assistant. The information you provided through the portal and any health history will be reviewed prior to your visit. Following this appointment an action plan will be emailed to your portal. The action plan will summarize your current issues and detail steps to health. It may include food plans, supplement recommendations, laboratory or radiology studies, specialty testing, weekly planners or other additional information.
- **Follow-up Appointments** – 6-8 weeks after your *Initial Appointment* you will have your first *Follow-up Appointment*. Most patients will require at least two follow up visits. During these appointments, your provider will review any laboratory or data with you and create a longer-term plan. These will typically last 30-60 minutes.

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- **Additional Appointments** – Additional *Follow-up Appointments* typically last anywhere from 30-60 minutes depending on the complexity of your case and the laboratory studies needing review. These are typically scheduled on an as-needed basis.
- **Action Plan Support visits**- Some patients will need checkup calls or office visits between functional medicine appointments. An initial Action Plan follow-up visit takes place 2-4 weeks after your initial Functional Medicine visit. Any subsequent follow up or coaching calls/visits will incur a charge of \$95**. These visits or calls can be used to answer specific questions about supplements, lifestyle modifications, goal setting, physiological measuring and monitoring, and/or action plan updates. These will usually be completed by a provider or Clinical Associate who is familiar with your action plan. Depending on your specific needs, these visits can be 30-60 minutes.

Aesthetic Appointments

- **Initial Consultations**- Initial consultation and staff preparation times vary based on the services sought.
- **Follow up visits**- Depending on the services being provided, aesthetic follow-up visits may take from 30-90 minutes.

A release of information form will need to be filled out to obtain previous medical records from other physicians or health care providers that you have seen. Our providers like to have as much information about you to review as possible. Please contact your healthcare provider and obtain these records or have them fax them to our office (317-942-0559) and make sure that we have received them at least 7 business days prior to your initial appointment.

Some patients may have extensive medical histories and records to review. A fee may be charged for records that require an extensive review (e.g., 120-page hospital records, multiple radiology reports, notes from multiple specialists over several years.)

We do not fill out or submit disability forms, but we will gladly assist your Primary Care Physician by providing appropriate diagnosis and codes. There may be administrative fees applied for document preparation.

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 natural health care possible to as many people as possible. Just as our services are unique to this region, our financial policies set us apart from mainstream medicine. We have prepared this 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 File Insurance Claims

We want to keep our costs low and as transparent as possible for our patients. This is why we have decided against participating in any insurance plans. Almost everyone can use their health

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savings account (HSA) for fees, services, and medical products at our office. To learn more, read on.

Many people who have contacted our office for our services have asked us why we do not bill insurance directly when other 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, 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. They are heavily invested in the conventional model of health care that too often relies on drugs and surgery. We are committed to the functional medicine model that addresses the underlying causes of your symptoms with specific nutritional and lifestyle recommendations.

A participating provider must agree to accept the fees the insurance company establishes, regardless of whether the fees are reasonable or applicable to that practice. In general, these established fees cover the actual cost of the briefest (and we believe the lowest quality) care. Doctors who are participating providers are required to accept discounted fees for their services, and often they cannot bill the patient for the difference between their fee and what the insurance company will pay. Therefore, the clinic must write off the difference, often as much as 50% or more of the doctor's fee for service. Because of the extra staff, time, and equipment necessary for processing and tracking claims, the participating provider's office overhead costs have increased dramatically.

In today's healthcare environment, the actual cost for doctors to provide services continues to rise, while the percentage of reasonable fees that insurance payments cover is declining. At the same time, the profits of health insurance companies and the salaries of their top executives continue to rise to record levels.

Most doctors and clinics cope with the requirements of being participating providers by keeping their office visits very brief, so that they can see many patients within a given time frame. When their clinic becomes unprofitable, it must be supported by another institution. Most primary care medical clinics are not self-sustaining financially and have had to merge with hospitals whose expensive, high-tech surgical and diagnostic procedures are priced to keep the clinics afloat financially. Ironically, some of our patients complain about their extremely brief and unsatisfactory office visits in other medical and health care offices, while at the same time expressing frustration that we do not accept insurance. Unfortunately, we have found that we cannot be participating providers in the insurance networks and provide the time-intensive, well researched, expert intensive care that we do.

Two final points:

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1) When insurance companies are involved in decisions regarding which services they will and won't cover, suddenly the clinical decision making gets shifted away from what the patient wants, and the physician feels is necessary to only those services that the insurance company's "policies" will allow. This is absolutely counter to how we think medicine should be.

2) The industry trend is for higher deductibles and out of pocket expenses. We are seeing deductibles on average between \$5,000 and \$10,000. As more and more patients are being burdened with high deductible health plans, whether or not insurance will pay for services becomes irrelevant. The patient will pay the first \$5,000 of care no matter what.

We want to keep our costs low and as transparent as possible for our patients. This is why we have decided against participating in insurance plans.

Most lab work can be submitted to insurance directly through the labs. You will need to provide the necessary information to the lab at the time of service.

We will not accept payment directly from any insurance company. Any checks received will be voided and returned to the patient. It is the patient's responsibility to communicate with their insurance company and ensure that any payment/reimbursement is not sent to our practice. Instead, the payment should be sent directly to the patient/guarantor.

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 consultations, when other doctors do not. Our providers are not salaried. Most doctors who are employed in large clinics and hospitals are salaried employees. More often, those salaries are partially subsidized by expensive diagnostic and surgical procedures and hospital fees. Our providers' pay is based solely on the time and services they deliver. Like all non-salaried professionals, including lawyers and accountants, our providers must charge for their time so we can afford to give truly personalized, one-on-one 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 consulting with each other (and other providers) regarding your care, reviewing your records, and meeting with staff to improve the quality of our services.

In follow-up visits, our providers 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 or educating their patients about their condition(s) or treatment plan. We want you to understand that preventive health care takes considerable time and expertise on the part of the doctor.

About the Charges for Our Doctors' Services

Some patients may have the mistaken impression that our doctors take home the majority of the fees we charge for their services and that the doctors have a great deal of leeway to offer discounts for those fees. In fact, our doctors take home only a fraction of the fees collected for their

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services. This is because a clinic like ours requires highly trained staff and extensive, expensive professional continuing education. The majority of our fees support the overall mission of providing high-quality natural health care and our day-to-day clinic operations, not the doctors' paychecks. Our providers have chosen this work because it is their passion and their calling and certainly not because it is a way to make a lucrative income. In fact, most medical doctors and chiropractors who choose to practice functional medicine know that their income will be substantially lower than it would be if they were practicing in a more conventional manner that is fully supported by the healthcare reimbursement system.

Why We Sell Nutritional Supplements and How We Price Them

We recommend nutritional supplements as an adjunct to dietary and lifestyle modification. This approach is central to the well-researched and science-based practice of functional medicine. We sell therapeutic, quality nutritional supplements as a service to our patients.

Returns/Credits/Refunds

Sales and payments for services are final and are not refundable or transferrable. Credits *may* be offered for similar services or goods at the sole discretion of the provider.

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