

PATIENT AGREEMENTS AND GENERAL OFFICE POLICIES

This document is designed to familiarize you with our office policies. Please **READ** and **INITIAL** after each paragraph were indicated. After completing all pages sign and date this document and be assured that you will be receiving the very best care available.

Doctor/Patient Communication:

Communication is essential. All questions, comments, and suggestions are welcome. If you have a new illness or injury, please call to schedule an examination. You may call at any time with any questions, comments or concerns. We check voicemail frequently during business hours and we return telephone calls as soon as possible (except during holidays). You may email a question, comment or concern to us at frontdeskmo@gmail.com. Depending on the complexity there may be a fee for the email communications. If Dr. Sara determines an appointment is needed, you may schedule an in person office visit or request a phone call or video appointment.

Initial _____

PAYMENT POLICY

Payment is expected at the time services are rendered.

Initial _____

Non-Insured or Patient with NO Coverage in Our Office

In an effort to reduce paper, if you need a statement for tax or bookkeeping purposes, upon request we will provide an itemized statement at the end of the calendar year. If you need a statement to submit to your HSA, Flexible Spending Account, or cafeteria plan, we will provide you with an itemized statement at the time of your visit.

Initial _____

Health Insurance WITH Out-of-Network Benefits

Payment is expected at the time services are rendered.

We will submit your claims electronically on a weekly basis. Electronic claims are usually processed within 10-30 business days by your carrier. If you carrier doesn't accept electronic claims, we will provide you with a superbill that you can submit to your carrier for processing.

This clinic **DOES NOT**, and cannot promise that an insurance company will pay. Nor does the clinic promise that an insurance company should pay the fees as charged. The clinic will not enter into a dispute with an insurance carrier for reimbursement or the amount of reimbursement. This is the patient's obligation.

If you would like for us to submit your claims electronically for you, please complete this section. We will need to make a copy of your current insurance identification card:

Insured's Name _____ **Insured's Date of Birth** _____

Insured's Relationship to the patient Self Spouse Child Other _____

Insured's Address _____ **City** _____ **State** _____ **Zip Code** _____

Insured's Phone Number (____) _____ - _____

Insurance Carrier's Name _____

Insured/Subscriber's ID Number _____ **Group/Plan/Policy Number** _____

Carrier's Address _____ **City** _____ **State** _____ **Zip Code** _____

Carrier's Phone Number (____) _____ - _____

Please sign the following statement which authorizes us to release information about you to your carrier should they request it: **PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE:** I authorize the release of any medical or other information necessary to process my claims.

Signature _____ Date _____

Medicare

Acupuncture coverage is available through the Federal government and only covers chronic low back pain and only when performed by an M.D.

If you have an Advantage Plan that will cover conditions other than chronic low back pain in our office, we will courtesy bill them for you. All services need to be paid in full at the time of service. This clinic **DOES NOT** and cannot promise that an insurance company will pay. Nor does the clinic promise that an insurance company should pay the fees as charged. The clinic will not enter into a dispute with an insurance carrier for reimbursement or the amount of reimbursement. This is the patient's obligation.

Initial _____

Medi-Cal

If you are a Medi-Cal patient, please note that we are not a Medi-Cal provider and therefore, all services need to be paid in full at the time of service.

Initial _____

Workers' Compensation

Because we are a "cash" practice, we do not treat work-related conditions. If you were injured on the job, please contact your employer for a referral.

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Personal Injury (Liability Claims)

If you have been involved in a slip or fall injury or vehicular accident you are required to pay for each visit in full at the time of service. We will provide you with a superbill that you can submit to the responsible party for reimbursement.

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Rescheduling Appointments

If you find it necessary to reschedule an appointment, please give us notice two business days prior to your appointment. You may call us 24/7 and leave a message on our confidential voicemail or stop by during office hours and we will reserve a new time and/or day so that you don't miss any of the care necessary to help you move towards your desired outcome. If you do not provide us with a minimum of two business days' notice, you will be charged the full fee for the appointment that was missed. If you miss an appointment, and it can be rescheduled for later the same day, there is no charge. If you are unable to reschedule for the same day, we will do our best to reschedule your appointment on our next business day. If we are able to fill your cancelled appointment with another patient there will be no charge. All scheduled appointments are necessary!

Business hours are:

Tuesdays & Thursdays 10:00 am until 7:00 pm

Wednesdays 2:30 pm until 7:00 pm and

Fridays 10:00 am until 2:00 pm.

Initial _____

Fees:

Complexity is established by Dr. Gordon using her professional expertise and current professional guidelines.

*The fees for a thorough history, examination and medical decision making range from \$250-\$500 depending on time or the complexity of your case.

*Acupuncture session range from \$100-\$190 per visit depending on the length or complexity of your visit.

*Nutritional sessions can range from \$75-\$255 per visit depending on the length or complexity of your visit.

*Brief visits to our pharmacy for acute care which involves answering one or two questions starts at \$75.

*Emails that are for a new issue or complex start at \$25.

*Telephone appointments can be scheduled at your request with the front desk and start at \$55.

* Video appointments can be scheduled at your request with the front desk and start at \$85.

*There will be additional charges for any physical medicine and rehabilitation services and nutritional supplements.

Initial _____

Returned Products

In order to receive a credit for returned items, they must be returned within seven days of the purchase date and must not be expired or damaged and the seal must not have been broken. There is a \$15 restocking fee. We will credit your account to be used with future visits or purchases.

Initial _____

Drop Shipment Policy

If we are ordering products that will be sent directly to your location, it is important that we have your current mailing/shipping address. The office is not responsible for any item(s) that is lost during the drop-ship process. Payment is required at the time the order is placed.

Initial _____

Special Orders

If you are interested in making a special order for a product that we don't carry, you will need to schedule a 15-minute consultation with Dr. Sara to determine if the product will be safe, effective and necessary. Payment will be required at the time of service and is not refundable.

Initial _____

Lab Results

Many of the laboratory tests ordered are complex and are needed to diagnosis complex conditions. Because of this, the lab results will only be discussed during office visits. Results will not be available until you have an opportunity to discuss the findings with Dr. Sara.

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Methods of Payment:

We accept cash, checks, and all major credit cards including Visa, MasterCard, American Express and Discover.

Initial _____

Notice of Privacy Practices

Our policy is posted in our reception area and on our website www.marinoptimalhealth.com. It is available for viewing 24/7. I am aware that I have access to this information and have been provided with access to this notice and am aware of my rights to privacy.

Initial _____

Special Announcements

Our office uses an online service provider to send periodic newsletters and notify patients of special events and offers. Please indicate below if you would like to receive notices using this resource.

Yes, I give my permission to Dr. Sara Kendall Gordon, L.Ac. DAOM to send me emails notifications via her on-line service provider.

No, please do not send me any email notifications using her on-line service provider.

Initial _____

Signature _____ Date _____

Printed Name _____