INTEGRATIVE HEALTH
SOLUTIONS

Office Policies and Procedure

Hours:

Monday: 9:30AM – 5:30 PM
Tuesday: 9:30AM - 3PM
Wednesday: 9:30AM – 5:30 PM
Thursday: 9:30AM– 5:30 PM
Friday: 9:30AM - 3PM

****All office visits are by appointment only****

Fees:

$550 for new patient visits
• Follow-up consults may be scheduled in 15, 30, 45, or 60-minute blocks of time;
$95 for 15 minutes
$195 for 30 minutes
$250 for 45 minutes
$375 for 60 minutes

Appointments:

• **Payment is due at the time of your consultation**. Methods of payment include: Visa, American Express, MasterCard, Discover, Cash, and Check.
• **All consultations are charged for the actual time used, not the time blocked.**
• Scheduled consultations that include review of lab tests **require a 30 minute follow up**.

Cancellations:

- **If you cannot keep a scheduled new patient appointment, you must notify us a minimum of 48 business hours prior to your scheduled time, or you will be charged a $150.00 dollar missed appointment fee.**
- ****New Patients: please pay close attention to our hours of operation above. You must actually speak to a member of the staff outside of the 48 hour window prior to your appointment to avoid a missed appointment fee.****

- **If you cannot keep a scheduled follow-up appointment, you must notify us a minimum of 24 business hours prior to your scheduled time, or you will be charged a $75.00 dollar missed appointment fee.**
- ****Established Patients: Please pay close attention to our hours of operation above. You must actually speak to a member of the staff outside of the 24 hour window prior to your appointment to avoid a missed appointment fee****

I understand_____ Date_____

- **As a courtesy, our office will send you a reminder email at the time the appointment is booked and call you to confirm your appointment 1 business day in advance.**

Prescription Request:

• Prescription refills on already established medications from an original pharmacy carrying that prescription are performed at no charge. However, requests for a new prescription or a change in prescription type or transfer to a different pharmacy may incur a $25 prescription handling charge.

- **There will be no prescription refills if it has been more than six months since the patient's last appointment.**
- Request for refills will be addressed within 24hours or the following business day.

Questions and Follow-up:

• Please direct e-mails, faxes or letters regarding you or your child's care to (docbron@gmail.com). Questions must be brief and concise. The office staff and/or clinic physician will determine if a phone or office consult is needed to answer your question(s). Otherwise, a member of our office staff will respond to your inquiry. When leaving a voice mail message, please be brief and concise and always include your name and phone number, including the area code.

• Please Note: We try to accommodate questions regarding treatment clarification at no charge. Simply put, if you have a quick question about a supplement or diagnostic test we recommended or a therapy reaction you may be experiencing, then by all means contact us. However, if the response to a question you submit requires doctor research and/or review, you may be billed for the time involved at the doctor's hourly rate.

Follow-up Consultations:

• We generally recommend that all patients minimally have an office consultation every 3 months.

• If prescription medication is being provided for yourself or your child than a office consultation is required in the following manner:

- o **Every 3 to 6 months – Southern California region**
- o **Every 6 to 12 months – Central and N. California, Out of State.**

Prescription refills will not be provided to patients who do not adhere to their follow-up schedule.

I understand_____ Date_____

Insurance:

- **<u>We accept many insurance carriers for blood work. Please present your policy card for review. It is your responsibility to provide the current and correct insurance information as well as obtain all necessary authorizations.</u>**

  • A "Superbill" receipt (form detailing diagnostic codes and fees) can be provided to you after each visit. This receipt can be submitted to your insurance carrier for out of network reimbursement. Some services may not be covered by certain health insurance plans. It is your responsibility to know what your insurance plan covers. We are not responsible for unpaid claims by your insurance company for services we provide. IHS does not accept insurance liens, assignments, or any reimbursement from your insurance carrier.

  • IHS is a **non-participating** Medicare, Medi-Cal, Champus, and Tri-Care provider.

Acceptance of Policies and Procedures

By completing the following you agree to adhere to the policies and procedures detailed above.

Patient (please print):_____Date: _____

Signature (patient or responsible party):

_____

If signed by party other than patient, print name:

_____