

Jellison Integrative MD, LLC Office and Financial Policies

Thank you for choosing Jellison Integrative for your medical care and allowing us the privilege of working with you! We are committed to providing you with quality health services and appreciate your commitment to adhere to our Office and Financial Policies. **We look forward to meeting you!**

48 Hour Cancellation Policy: Please make every effort to keep your appointments and notify the office at least 48 hours prior to cancellation. Although we understand that things come up, we miss the opportunity to help another patient with late cancellations or failing to show without advanced notice. A fee of \$75 will be charged.

Specializing in Chronic Disease Care: JELLISON INTEGRATIVE MD, LLC specializes in the management and prevention of chronic disease. Therefore, we ask that you have a primary care physician or urgent care center to address acute health problems such as fever, flu-like symptoms, chest pain, and shortness of breath, for example.

Emails / Phone Conversations / Letters / Form Completion: If you need more in-depth involvement or direct medical advice from us, a service rate for our time will be \$50, billed in 10-minute increments. This is consistent with our current in-office rates. This policy and fee structure will apply to email inquiries, phone conversations, time spent by us on your behalf for requests to provide written correspondence, communicate with other providers or insurance companies, coordinate lab and other testing and prescription needs, conduct in-depth research and the like.

Financial/Insurance Responsibility and Payment: Our mission is to provide unparalleled care, which can only be possible by spending time with each of our patients. More importantly, we believe addressing health in a holistic way is the right way, but insurance companies don't think so. This is why we are unable to charge insurances for the services we provide. Your insurance company may not pay for office visits where the focus of the consultation is on wellness, nutraceuticals, or other complementary services. Some of the lab tests that are ordered, particularly those that are used in support of wellness and mold consultations, may also not be reimbursed.

We are happy to provide you with a superbill for out of network benefits that you may have. A superbill shows the cost and nature of services and it will be your responsibility to submit these claims to your insurer for possible full or partial reimbursement if you wish to do so. You will be responsible for all charges incurred for all treatment rendered, including procedures and laboratory tests, even if your insurance company determines that any services are non-covered or excluded, or, in their opinion, are not medically necessary. If you have Medicare, you will not be able to submit a superbill.

Payment will be due at the time of service and can be paid in the form of cash, check, or credit card. You can also use your health spending account (HAS) funds for payment. **For any**

returned checks, a \$50 fee will be charged to cover our own charge from the bank. For all account balances, more than 30 days past due, a late fee of \$75 will be added to the balance.

Claim Management: Please be aware that it is your responsibility to know your plan benefits. Dr. Jellison and Dr. Reicherter cannot be responsible for any information that turns out to be incorrect. Dr. Jellison and Dr. Reicherter will respond to insurance requests for information, but will not be obligated to take action on your behalf against an insurance carrier for collecting or negotiating your insurance claim.

Notice to Medicare Patients: Dr. Jellison has “opted-out” of Medicare. If you are a Medicare beneficiary, please complete the “Medicare Beneficiary Private Contract with Jessica Jellison MD / Jellison Integrative MD, LLC. Dr. Reicherter is unable to see Medicare patients at this time.

We appreciate your trust and look forward to embarking on your journey of health with you!

I (patient/legal guardian) have read, understand, and agree to comply with the terms of JELLISON INTEGRATIVE MD, LLC Office and Financial Policies.

_____ Patient/Legal Guardian Signature

_____/_____/_____ Date