

Office Policy

(Subject to change without notice)

Patient Name: _____ **Date of Birth:** _____

Welcome!

The following will outline our policies at Vital Health Institute. We consider it a privilege to provide you services and look forward to working with you regarding your healthcare needs. While we are an “out-of-network” provider, we work very hard to provide you with the best value for your healthcare dollar.

What is an “out-of-network” provider?

As a “fee-for-service” or “out-of-network” provider, we accept payment from the vast majority of insurance companies. We are not, however, contracted with any insurance plans. As an out-of-network provider, your insurance is accepted but usually does not cover the entire cost of the services provided.

Why is Vital Health an “out-of-network” provider rather than an “in-network” provider?

Vital Health Philosophy:

Vital Health Institute’s primary mission is to provide excellent healthcare for women. This includes most all aspects of women’s healthcare, including well women health maintenance. We have gained our national recognition as a result of making progress with patient’s that have not found success with the typical medical or gynecology practice.

In addition to expertise in these areas, we choose to listen and work interactively with our patients. With this approach, you will find you have time to explore your situation in detail with your healthcare provider. The result of this will be formulation of an individualized and coherent healthcare plan. Most patients find their visits to Vital Health to be very educational. We believe in health maintenance rather than just control of disease. This type of care is not accommodated in the billing contracts of insurance companies that require a rushed schedule. For this reason, Vital Health does not contract with insurance companies. Vital Health Institute specializes in excellence!

Is payment expected at the time of the office visit?

Yes. **As a fee for service provider, all payments are due at the time of service.**

_____ **Initial**

Do I have to file the insurance forms?

No. We file all of the paperwork for you as part of our service! We understand the “cost” of healthcare includes emotional stress in addition to the finances and we feel this is one way we can help. Filing your insurance forms and required supportive paperwork is one example of how we are good partners in your healthcare. Vital Health will send you a check for the balance of any credits on your account.

Do these policies apply to procedures, including surgery?

There are separate policies for ultrasounds, nutritional counseling, in-office procedures and surgical procedures. You will be provided with separate forms outlining the policies as they are needed.

What if I need to cancel an appointment?

As a courtesy, we attempt to confirm with you 48 hours prior to your appointment. **It is ultimately your responsibility to contact us if you will be unable to make your scheduled appointment time.** Our time is reserved exclusively for your care during your scheduled visit. Because so much time is allotted for each visit, there will be fees associated with a last minute cancellation or no-show if you have failed to give our office at least 24 hours notice. Note: Monday appointments should be cancelled by Friday at noon.

_____ **Initial**

Consultations.

All visits are by appointment only. Consultation fees include the time necessary to carefully and thoroughly review all history, questionnaire(s), records and lab data.

How long will I have to wait to see the Doctor, Physician Assistant or Nurse Practitioner?

We ask that you arrive 15 minutes before your scheduled time. This is necessary to update paperwork and forms for your visit as well as getting ready for the Doctor or Nurse Practitioner. Usually, you will not wait very long. It is very important to us to have our schedule reflect the actual flow of the office. Your time is important to us. Emergencies do occasionally arise and may cause a delay, but this is the exception rather than the rule.

Please bring your insurance card and a photo with you; we will need to verify/update this information at each office visit.

If you are late for your appointment, please keep in mind that the visit will end as scheduled to avoid delaying the next patient or if you are very late you may lose your time allocated for your appointment and fees may apply for the entire time that was reserved for your consult.

Does Vital Health charge for telephone/internet consultations with the Doctor, Physician Assistant or Nurse Practitioner?

Please refer to our "Policy for Phone Consultations" for details. These consults are billed at the same rate as an office visit would be.

Is Medicare/Medicaid accepted at Vital Health Institute?

Patients with MediCare, Medicaid or MediCal can only be seen on a cash basis with a signed waiver for Vital Health. As of February 1, 2013, these insurance companies may not pay for any of the other parties involved with your care. It is your responsibility to understand these benefits. (i.e. lab work, hospital, pathology or anesthesiology)

Team Work – We are on your side!

At Vital Health, we work hard to assist you in getting maximum reimbursement from your insurance coverage to minimize your out of pocket cost. We provide the support of an experienced billing service to assist you at no cost. Contact Jill Britt (408.358.2511 x277) at any time with questions about your account.

It is important for you to:

- Take an active role with your insurance company.
- Check with your insurance company on benefits for "out-of-network" providers.
- Stay involved to assure your insurance company pays in a timely fashion and to the level you expect, for you are responsible for payment of your account.
- Any outstanding balance is your responsibility.

I agree to the release of any medical or other information necessary to process a claim and authorize payment of medical benefits to Vital Health Institute or its representatives for the services described above.

I understand and agree with all of the above conditions.

Signature _____

Date _____

Print Name: _____