



## 2019 Rate Schedule/Insurance for Mederi Care

*Cash services are billed at \$250 per hour, prorated in 15-minute increments.*

### **Initial Consultation**

The Initial Consultation is your first scheduled appointment with your practitioner, where an in-depth dialogue and discovery of your health status will take place. The complexity of your health concern will dictate how much time is required of your practitioner. The billable time will not exceed 2.5hrs and includes:

- Review and analysis of medical records prior to the consultation
- Comprehensive one-on-one consultation with the practitioner, which generally lasts anywhere from 60 - 90 minutes
- Creation of customized protocol unique to your personal health status after the consultation

### **Follow-Up Consultations**

Follow-Up Consults are scheduled appointments with your practitioner to monitor, assess, and evaluate your ongoing care and progress. These sessions are vital for assessing whether any changes to your care or protocols are required. The billable time includes:

- The practitioner's time to review your new records prior to your appointment
- Consultation time with the practitioner, which generally lasts anywhere from 30 – 60 minutes
- Time spent making any protocol revisions after your appointment

### **Protocol Revisions / Research / Queries**

If you have queries for the practitioner between consultations, you can always reach out to the client liaison. Emails or a phone call work well for a quick question. If your query is more in depth, or you are presenting new information, it's most efficient to schedule a short consultation with the practitioner. Billable time can include:

- Research the practitioner completes on your behalf
- Amendments/updates to your protocol
- Time spent by the practitioner answering your email/telephone queries

### **Consultations with Your Outside Practitioners**

We offer a collaborative healing approach and welcome the opportunity to speak with your other treatment providers. Please let us know if you would like us to speak with other practitioners participating in your healthcare.

*Please see next page*

**Acupuncture appointments for established clients**

An acupuncture session is available in conjunction with a consultation. The cost is \$60 in addition to the standard consultation fees.

**Canceled or Missed Appointments**

Canceled or missed appointments with less than two-working-day's notice will be billed at half of the anticipated cost for that particular appointment (\$312.50 for the initial consultation, \$125 for a follow-up consultation, \$30 for acupuncture).

The purpose of this fee is to encourage our patients to take their appointments as seriously as we do. That time is reserved for you; if you do not keep the scheduled time, then other patients, who need earlier appointments than the schedule permits, are being obligated to wait longer than necessary. We remain available to discuss this policy in general, or individual circumstances.

**Cash Payment Policy**

Mederi Center accepts cash, check, MasterCard, Discover and Visa. We also accept American Express if needed; however, we prefer to utilize other methods of payment to keep costs down, as other cards offer discounted rates due to our non-profit status. Our policy requires that payments are made at the time of your scheduled consultation. It is our customary practice that we retain your credit/debit card(s) information in our secure database for convenience of payment.

**Medical Insurance**

We are able to bill insurance for appointments of patients who are Oregon residents, have on-site consultations, and whose insurance covers our services. Please see the Patient Responsibility - Insurance Disclaimer that follows for our policy regarding billing insurance.

***We strongly recommend all patients contact their insurance provider in advance to confirm Mederi Center services are covered by their provider.***

<b>Acknowledgement for Payment of Services</b>	
I hereby acknowledge that I have read and agree to the above service-fee structure and estimated timeframes of Initial and Follow-up consultations. My signature below affirms that I agree to the terms of payment for professional services.	
Print Name:	_____
Signature:	_____
	Date: _____

*Please see next page*



## Patient Responsibility - Insurance Disclaimer

We suggest all patients contact their insurance in advance to confirm if Mederi Center services are covered by their provider. The following information may assist you in this process:

**Mederi Center Tax ID: 20 242-7855**

**CPT Office Visit Codes: 99204, 99214, 99354**

### **Insurance Disclaimer:**

"A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service."

### **Insurance Liability for Payment:**

Your health insurance company will only pay for services that it determines to be "reasonable and necessary." If your health insurance company determines that a particular service is not reasonable and necessary, or that a particular service is not covered under the plan, your insurer will deny payment for that service.

Under this arrangement, you are responsible for paying your co-pay, and non-covered portions, and any deductible you have yet to cover. In addition, if your insurance company does not pay for our services, you agree to pay for the services provided in our clinic according to our cash rate schedule. Co-pays, non-covered portions and unmet deductibles will be billed through our third party biller within 30-60 days.

### **Beneficiary Agreement:**

I understand that my health insurance company may deny payment for services, for the reasons stated. If my health insurance company denies payment, I agree to be personally and fully responsible for payment. I also understand that if my health insurance company does make payment for services, I will be responsible for any co-payment, deductible, or coinsurance that applies.

### **Canceled/Missed Appointment Policy:**

This office has a policy of charging a fee for missing an appointment or canceling with less than two-working-day's notice. The fee for a late cancellation is 50% of the cash rate appointment fees (See rate schedule).

### **Acknowledgement for Patient Responsibility and Insurance Disclaimer**

I hereby acknowledge that I have read and agree to the above Patient Responsibility and Insurance Disclaimer. My signature below affirms that I agree to the terms of payment for professional services.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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