

# Preventive Medicine

Dr. Carol Joy Gardner, D.O. • Nutritional Medicine & Family Practice

## Policy for Services

Please read through the following information carefully, as it will help make your experience with Preventive Medicine a positive one. Our goal is to provide high quality care in a small personalized environment.

**New Patients-** We welcome new patients, however currently we are **filled** for new primary care patients. We are happy to work with you for nutrition or preventive medicine.

**Insurance Billing** – It is your responsibility to call your insurance company if you have questions about your coverage and reimbursement. Please be aware that you are responsible for any deductibles, co-insurance, non-covered services or balances remaining. You will be responsible for payment of your co-payment at each visit to the office prior to seeing the doctor. Failure to pay the co-payment at the time of service will result in a service fee. The following is a list of insurance companies with which we contract: Medicare, BCBS, Cigna, MVP, Fletcher Allen/VT Managed Care, VHAP.

**Insurance We Do Not Participate With** – If you have coverage with an insurance company with whom we do not contract, it is your responsibility to work directly with them for reimbursement.

**No Insurance** – If you do not have insurance, you are responsible for payment, in total, at the time of your visit. We accept cash, checks, credit and debit cards.

**Fees** – Please be aware of the following policies: Should it be necessary to cancel or reschedule your appointment, please **contact Preventive Medicine at least 24 hours prior to your appointment.** Without this notice, you will be charged a “No Show” fee of \$45. There is a \$10 late fee charge for late payments, per each monthly cycle. There is a \$35 charge on all returned checks.

**Minors** – If you are a custodial parent, by law you are ultimately responsible for payment of your child’s medical bills, even if you are not the carrier of your child’s insurance policy. Our agreement to care for your child is made with you.

**After Hours-** After hour on call coverage is for emergency issues only.

**Refills-** Medications require a yearly visit and updated labs. Some chronic conditions require monitoring and twice yearly visits with labs. Call for an appointment when you have a **3 week supply of medication left.**

**Forms and Letters:** Unfortunately, insurance companies do not consider this service “medically necessary,” so the fee is your responsibility. We need an office visit to complete forms and the payment will be expected at the time of service when you receive form. Usually \$10-\$15 per letter or form.

**Hospital Care:** If you require hospitalization, the “hospital service” will oversee your care. Hospitalists are always available to coordinate your care in the hospital and we can offer follow up care.

**Telephone consults:** For out of town patients, telephone appointments could be scheduled for special circumstances. Unfortunately, this is not a service currently covered by any insurance company, so you are responsible for the fee. The fee is \$1.00/ minute and the patient calls us at the time for scheduled telephone appointment.

**Copy of Medical Records:** Copies can be faxed or copied for \$.50/page service charge. Thank you for choosing Preventive Medicine. We appreciate your choice in partnering with us for you optimal health. By signing below, I have been informed and agree to the above policies.

**Printed Name:** \_\_\_\_\_

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

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