



Virginia Integrative Medicine Billing Policy for Non-insured Patients Effective May 10, 2010

Please read each part of this document carefully. At the end of this document, there is a form stating that you have read and understand Parts One through Three. **Please initial, sign and date this form, return it to our office with your medical forms, and keep a copy of our policies for yourself.**

If you would like a rationale for our billing policies, please see [An Explanation of Our Billing Policy](#). If you would like a description of what your visits will cover, along with approximate time and costs for the visits, please see [What to Expect from Your Integrative Medicine Visits](#).

WE ARE COMMITTED TO PROVIDING INTEGRATIVE CARE TO THE ENTIRE COMMUNITY. FOR PEOPLE FOR WHOM PAYMENT OF MEDICAL CARE IS A GENUINE FINANCIAL HARDSHIP, WE WILL NEGOTIATE REGARDING PAYMENT.

PART ONE: SUMMARY OF BILLING PRACTICES

DR. ALBERT

- An initial visit with Dr. Albert is scheduled for 2 hours and billed at \$400
- **We require a deposit of \$125 (credit card, cash, or check) for the initial appointment with Dr. Albert at the time the initial appointment is made. There is a \$25 cancellation fee to cover our administrative costs if an initial appointment is cancelled at any time.** If you cancel your initial appointment with less than one full week's (5 business days) notice, unless it is for an emergent reason, the full \$125 will serve as your cancellation fee. Otherwise, it will be applied to the non-insurance covered portion of your visit.
- Follow-up visits are usually scheduled for 1 hour and are billed at \$200. For all other services, Dr. Albert charges \$200 per hour.
- If you have extensive records, beyond what is usual and customary for a typical visit, you will be charged a separate review fee. This fee will be based upon the time it takes to review the records.
- Phone calls longer than 5 minutes that involve more than a single, concrete issue will be considered consultations and billed at \$10 per each 3 minutes or \$200 per hour. Payment is due by credit card at the time of service.
- Reading and review of extensive emails is not covered and will be prorated at \$200 per hour. Dr. Albert does not answer clinical questions via email as email communication is not considered protected communication by HIPAA regulations.
- There is a charge for letters, other than a letter to a referring physician, or to make a referral. Examples of non-covered letters include those regarding disability and explanations regarding your care to other physicians, practitioners, or organizations. You will be billed separately on a time basis.

- **There is a charge for the completion of forms (such as disability applications).** You will be billed on a time basis.
- **There is a charge for formal consultations with other health professionals during which we discuss your medical concerns.** You will be billed separately on a time basis.
- We copy current lab, test results, and patient notes as a courtesy for our patients. However, **extensive copies of health-care records are charged at 25 cents per page.**
- **Payment is due at the time care is provided.** We accept payment by cash, check, VISA, MC, AMEX, or Discover Card.

DR. WRIGHT

Fees for Medical Nutrition Therapy, Functional Nutrition Therapy, Lifestyle Counseling, Interactive Guided Imagery, and Nutritional Research

- **Dr. Wright's nutrition/lifestyle consultation fee is \$125 for the initial 1¼ hour visit, unless a shorter visit (usually 1 hour) is recommended by Dr. Albert.** Included in the fee are Dr. Wright's preparation and documentation time, and either consultation time with Dr. Albert (if you are being seen by him) or time for a review of your medical history. Occasionally, a longer visit—1½ to 2 hours—is necessary to adequately cover particularly complex issues. See rates below.)
- Follow-up nutrition, lifestyle, and patient-education consultation fees are as follows: One hour for \$100. Forty minutes for \$75. Twenty-five minutes for \$50. Ten minutes for \$25.
- Extended visits longer than 1-hour are billed at the rate of \$25 per each additional 15-minutes (\$100 per hour).
- A patient-requested [Supplementation Recommendation Chart](#) is \$25 for the initial set-up. This chart is a computer-based, printed summary of a visit's supplement recommendations, which includes sources, scheduling, as well as any specific instructions.
- Phone calls longer than 5-minutes are billed at the same rate for face-to-face visits.
- Nutritional research requested by a patient is billed at \$20 for each 15-minute increment.
- Interactive Guided Imagery is billed at \$100 for an initial 1-hour 20-minute visit and \$75 for each 50-minute follow-up visit. (Visits are booked on the hour or half-hour.)
- We copy current lab, test results, and patient notes as a courtesy for our patients. However, extensive copies of health-care records are charged at 25 cents per page.
- **Payment is due at the time care is provided.** We accept payment by cash, check, VISA, MC, AMEX, or Discover Card.

MISSED APPOINTMENT FEES FOR DR. ALBERT AND DR. WRIGHT

- The missed appointment fee is \$125 for the initial appointment with Dr. Albert and 50% of the charge for the scheduled service for follow-up visits and visits with Dr. Wright. The only exceptions are those of extreme inclement weather or a true emergency. We reserve the right to determine whether these criteria are met.
- Because of the large amount of appointment time scheduled for you, **Dr. Albert requires at least 1 full week's (5 business days) notice for initial appointment cancellations.** (Monday for the following Monday, Tuesday for the following Tuesday, Wednesday for Wednesday and so on.) This allows us to contact patients on our waiting list and give them a

chance to see Dr. Albert sooner. Your \$125 deposit will be applied to a missed initial appointment. **There is a \$25 cancellation fee to cover our administrative costs if an initial appointment with Dr. Albert is cancelled at any time.**

- Dr. Albert requires 24 hours notice for canceling follow-up appointments.
- Dr. Wright requires 24 hours notice for missed appointments.

PART TWO: LABORATORY TESTING POLICY

We often recommend laboratory testing for our patients in order to gain a more complete understanding of their health concerns. We will discuss the purpose and cost of each test with you. The lab testing we recommend falls into two categories:

1. Testing that can be done through local laboratories (such as Martha Jefferson Hospital or University of Virginia Health Services)
2. Testing that is done through non-local, independent, specialty labs.

TESTING THROUGH LOCAL LABORATORIES

Since we do not draw blood in our office, we send our patients to either Martha Jefferson Hospital (MJH) or University of Virginia Health Services, which both offer comprehensive conventional testing services. Since laboratories charge higher fees to uninsured patients, VIM contracts with MJH to obtain testing that is billed to us at discounted rates, which are similar to those that people with private insurance receive. This “contract testing” requires prepayment to us by cash, check or credit card. Also, Martha Jefferson Hospital, and University of Virginia Health Services provide reduced cost laboratory and hospital based services to people who meet their low income qualifications. Please contact the business offices of those facilities directly for more information regarding their programs and to apply for their discounted fees. .

TESTING THROUGH INDEPENDENT, SPECIALTY LABORATORIES

We use specialty laboratories to provide state-of-the-art and comprehensive testing not available from local labs such as Martha Jefferson Hospital. **For kits requiring a blood draw, we charge a \$25 handling/instructional fee.** This fee also covers Martha Jefferson Hospital’s charges for drawing, packing and sending out the blood samples. **There is a \$10 handling/instructional fee for each kit that only requires saliva, urine, or stool samples.**

Such tests may include:

- Comprehensive cardiac profile (cholesterol, lipoproteins, homocystine, CRP, etc.)
- Digestive and stool analyses and/or intestinal permeability analysis
- Hormonal profiles (female, male, thyroid, adrenal stress, melatonin, etc.)
- Estrogen metabolism (cancer prevention)
- Essential fatty acids (red blood cells)
- IgE/IgG allergy testing
- Oxidative Stress Markers
- Genomic testing (testing to determine common genetic variations that influence immunity, detoxification, and risks for certain cancers, heart disease, and osteoporosis)
- Nutrient assessment (vitamins, minerals, and/or cofactors)
- Organic acid profile (metabolic assessment of chronic health conditions)
- Liver detoxification profile
- Toxic metal assessment

These labs require prepayment, which gives you a discounted rate. Some of these labs prepay the charges for shipping your specimen, and have you (or in the case of a blood draw, Martha Jefferson Hospital) call a service such as DHL or FedEx for pick-up at your home or office. Other labs require you to bring the test kit to the post-office or other courier service, send it guaranteed overnight or 2-day delivery (depending upon the test), and pay for the mailing yourself.

Please contact our office if you have questions regarding specific tests. .

PART THREE: NOTICE OF PRIVACY PRACTICES

This notice is required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Effective date: 12-1-2007

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

We are required by law to abide by the terms of this Notice, and we reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at our facilities and will make paper copies of this Notice of Privacy Practices for Protected Health Information available upon request.

If you have questions about this Notice, please contact our Privacy Officer at 434-984-2846 or by writing to our office at VIM, 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903.

We may use and disclose your PHI in the following ways:

- **Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. The people who work for or assist in our practice – including, but not limited to, our doctors and office assistant– may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
- **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

- **Health care operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
- **Appointment reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
- **Treatment options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
- **Health-related benefits and services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- **Release of information to family/friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby sitter may have access to this child's medical information.
- **Disclosures required by law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

Other Uses and Disclosures. In addition to the uses and disclosures mentioned previously, we may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

- We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation.
- We may use or disclose your medical information for public health activities, including: the reporting of disease, injury, or disability, the reporting of domestic violence or child abuse or neglect, and the conduct of public health surveillance, investigation and/or intervention.
- We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.
- We may disclose your medical information in the course of certain judicial or administrative proceedings.
- We may disclose your medical information for law enforcement purposes such as complying with a court order, subpoena or warrant, and other law enforcement purposes.
- We may disclose your medical information to a coroner, medical examiner or a funeral director.
- If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.
- We may use or disclose your medical information to researchers conducting research that has been approved by an Institutional Review Board.
- We may use or disclose your medical information to appropriate persons to prevent or lessen a serious threat to the health or safety of another person or the public.
- We may use or disclose your medical information for military, national security, prisoner, and government benefits purposes. Note that disclosures for government benefits purposes are limited to health plans only.
- We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.
- We may use and/or disclose your medical information as may otherwise be required under federal or state law, including but not limited to disclosures under the Virginia Health Records Privacy Act.

Your Rights Regarding Your Medical Information:

You have the following rights with respect to your medical information:

- **Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to VIM Privacy Officer at 434-984-2846 or 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
- **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to VIM Privacy Officer at 434-984-2846 or 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903. Your request must describe in a clear and concise fashion:
 - The information you wish restricted
 - Whether you are requesting to limit our practice's use, disclosure or both,
 - To whom you want the limits to apply.
- **You have the right to inspect and obtain a copy of your medical information.** This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of and/or mailing your records.
- **You have the right to request an amendment of your medical information.** We may deny your request for certain specific reasons, and, if denied, we will provide you with a written explanation for the denial and information regarding further rights you would have at that point.
- **You have the right to receive an accounting of the disclosures of your medical information** made by us in the six years prior to your request, except for disclosures of treatment, payment or operational purposes, and for certain other specific disclosure types.
- **You have the right to request a paper copy** of this Notice of Privacy Practices for Protected Health Information.
- **You have the right to complain** to our practice, the Virginia Department of Health and/or the United States Department of Health and Human Services if you believe that our practice has violated your privacy rights. To complain to VIM, please contact our Privacy Officer at (434) 984-2846 or by writing to Compliance Officer, 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903. If you choose to file a complaint, you will not be retaliated against in any way.
- You have the right to be provided an authorization for other PHI uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact, VIM Privacy Officer at 434-984-2846 or 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903.

This Privacy Policy has been adapted from the American Academy of Family Physicians and from Martha Jefferson Hospital, Charlottesville, VA.



Virginia Integrative Medicine Billing Policy for Non-insured Patients Effective May 10, 2010

Please initial the following statements, sign and date this form, return it to our office with your medical forms, and keep a copy of our policies for yourself.

1. I have read and understood Part One of the Policy Statement describing the charges for Dr. Albert's and Dr. Wright's services, including the policy on late-cancellations. _____ (initials)
2. I have read and understood Part Two of the Policy Statement describing charges for Laboratory Fees. _____ (initials)
3. I have received Part Four describing the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand how my health information (as a patient of this practice) may be used and disclosed and how I can get access to my individually identifiable health information. _____ (initials)
4. I understand that I am responsible for my bill. I agree to pay all costs of collection, including but not limited to agency fees and to pay any necessary and reasonable attorney fees incurred in the collection of my account, whether or not a suit is filed. _____ (initials)

Print Name: _____

Signature: _____ **Date:** _____