

Conventional Medical Model

Fee-for-service (you are billed separately for each office visit/ procedure/ encounter).

You have a commercial health insurance policy (the monthly premiums of which are paid either entirely by you if self-employed, or are shared/split with an employer). In addition to these monthly premiums, you are responsible for office visit copays and deductibles (the amount you pay out-of-pocket for medical expenses).

The bill is sent to your insurance, and then later you find out the costs. This extra step leads to confusion, errors in billing, and higher medical costs because it incurs a large time/administrative burden on the medical system/doctor office.

Uncertainty regarding costs. Both the doctor and patient are guessing the approximate costs at the time of service.

7-15 minute appointments.

Takes weeks to months to get an appointment.

Limited office hours/availability. Very limited access when you want to communicate directly to your physician.

Home visits? Almost unheard of!

Procedures are billed extra to you (often at ridiculously high prices).

Labs are billed at exorbitantly higher prices than cost, often with an extra lab draw/ collection fee.

Imaging and tests are often ordered within the affiliated hospital system, leading to excessive charges (For example, an abdominal/pelvic CT scan with contrast is typically billed to insurance at \$2400. Insurance gives a discount and the remaining balance is over \$1500 to the patient).

Your doctor is stretched too thin, having a patient panel of 2,000 to 3,000 people.

Too many rules to follow! Documentation requirements, insurance prior authorizations, quality metric benchmarks, patient satisfaction scores. These eventually add up to interfere with patient care.

Lots of unnecessary paperwork/forms for you to fill out.

Your doctor is good. Your doctor cares about you. He/she likely went into the medical field because of a passion for medicine and a calling to help others. But as a result of corporate pressure to see more patients, nonsensical rules/regulations, and excessive administrative tasks, your doctor is likely burnt out. Simply put, physician burn-out leads to substandard and costly medical care.

Direct Primary Care

Subscription/membership-based (you pay a monthly fee and in turn your doctor is available to you when needed). There are no extra fees for office visits or basic procedures.

You still need medical coverage to cover you for other situations such as emergency room visits, surgeries, hospitalizations, and speciality care. You can opt for a "catastrophic" health insurance plan OR you can sign up for a health-share plan to cover these instances (see "Health Share Plans").

Insurance is never billed by your primary doctor. This cuts out a lot of unnecessary and costly steps.

100% price transparency. You know and agree to the the monthly fee upfront. Any additional charges (immunizations, lab work, etc) will be provided to you prior to doing anything!

Appointments last as long as needed (often 30-60 minutes or longer).

Same-day or next-day appointments.

Your doctor is essentially available to you 24/7. You can email, text, or call anytime and get a prompt response.

Home visits performed when needed.

Many procedures are free with a membership, including: trigger point injections, joint injections, ingrown toenail removal, removal of skin lesions, incision and drainage of abscesses, laceration repairs, IUD/nexplanon insertion/removals and endometrial biopsies. If a medication, culture, or pathology is needed in tandem with the procedure, there is a separate (but reasonable) charge.

Labs are charged at cost (for example, instead of being charged \$150 for a thyroid panel, you are instead charged \$2). There is no extra fee for collecting the lab.

Tests/imaging are ordered to be completed at more cost-effective locations (The same CT abdomen/pelvis could be obtained at a cash price of \$340. Insurance is not billed, eliminating the need for prior authorizations and giving the patient a much lower out-of-pocket cost).

Your doctor has a patient panel of 300-500, giving him/her the necessary time to devote to his/her patients.

Excessive rules and regulations placed by hospital-systems, medical administration, and health insurance no longer apply.

You will be asked to fill out only what is absolutely necessary!

Your doctor is good. Your doctor cares about you. Now your doctor can practice medicine the way it was intended to be... To have meaningful and undistracted conversations with their patients. To foster long-term relationships without all the negative outside influences and pressures of our current medical model. To treat you, the patient, as a WHOLE PERSON.