

Please read our practice policies carefully and initial each in confirmation of understanding and agreement. If you have any questions, please contact the office before you submit the completed form. Thank you.

_____NO AFFILIATION TO MEDICARE. Dr. Bermudez and staff have no affiliation with Medicare. Please, verify all fees before receiving services, as the limits established by Medicare do not apply to this medical practice. The patient or responsible party are accountable for all fees from services rendered, without limit, at the time of service. If you are a Medicare patient and choose to be evaluated by us, you must understand that you cannot legally submit any of our bills to Medicare for reimbursement. If you do so, you hereby release us from any and all legal or monetary obligation related to your actions and assume the responsibility for each and all fees/penalties/fines imposed on this practice as a consequence of your actions.

_____NO CONTRACTS WITH INSURANCE COMPANIES. Dr. Bermudez and staff do not contract with any insurance company. Please verify with your insurance company about their policies for reimbursement with non-contracted physicians. Your insurance company may choose to cover or not your visit, in office testing or labwork or other orders written by a non-contracted physician. It is the responsibility of the patient to discuss this and any other matter relating to you coverage with your insurance company directly.

_____PRACTICE BASED ON A SPECIALIZED CONSULTATION. Since Anti-Aging, Regenerative and Functional Medicine is a new specialty not universally recognized by the medical community, Dr. Bermudez is considered a provider of primary care services under the state of Ohio. By requesting our services, you are hereby requesting Dr. Bermudez's services as a practice offering specialized services, and not as your principal primary care provider, where iMed and Dr. Bermudez are a medical practice trained in this specialty, certified and recognized by the American Board of Anti-Aging and Regenerative Medicine. Although some/all of Dr. Bermudez's services may fall in the primary care category, you are responsible for maintaining and continuing your routine medical care with your principal primary care provider. You understand that Dr. Bermudez is not your primary care doctor.

_____NO EMERGENCY SERVICES AVAILABLE. In case of a medical emergency, you should consult your primary doctor or request the services of an emergency room and/or urgent care of your choice. Dr. Bermudez does not offer emergency services. If you need to visit the Emergency Room, or if you are hospitalized for any reason, Dr. Bermudez and/or an authorized member of her staff will be available as soon as possible to provide your treating physician any information necessary regarding your current treatments, if any, at iMed during the time you remain under urgent/emergency care or hospitalized.

_____REQUEST FOR INDIVIDUALIZED MEDICAL CARE. The individualized approach to the patient, the methodologies and therapies used by Dr. Bermudez at iMed are based on the most recent peer reviewed published literature, and on her own clinical experience, as well as that of other physicians with similar

approach to patient care. Some and/or all of the evaluations and treatments offered by her and/or authorized staff at iMed are not considered 'Standard of Care' by all the medical community (A definition for standard of care is: "a common group of guidelines used for the diagnostic and treatment of a particular illness"; that is, what most physicians would do in a particular case with a patient with a particular diagnosis). Dr. Bermudez focuses on the individual needs of the patient, and will not always apply the established treatments and approach established for a large group of people with the same diagnosis or problem, because we are focused on meeting the needs of the particular patient as a unique biochemical entity with unique needs. This approach to the patient may be considered as outside the current 'standards of care' and can be sanctioned by law in some states, including Ohio. In becoming a patient of Dr. Bermudez's Practice (iMed), you are requesting and insisting in that we lower the threshold for reasonableness to evaluate the causes of your symptoms or problems at the time of consultation, and that your evaluation includes the consideration of other factors, such as: nutritional, environmental, hormonal, immune, infectious, and other causes, where your evaluations and treatments are based on the individual need of the patient and not necessarily on the established guidelines for a large group of people with the same diagnosis, where at not time the physician lacks your full informed consent at every step of the evaluation and treatment, where 'treatment' may also mean in some occasions, implementing a treatment as a diagnostic test/tool where the result of the intervention may confirm and determine the diagnosis and treatment. You are requesting a care that is beyond what is considered the current standards of practice.

_____**QUALITY CONTROL & RESEARCH.** Ensuring the privacy protection of our patients, and, in order to be able to adjust and modify evaluations and therapies for outcome optimization in her practice, Dr. Bermudez routinely reviews and compares charts of patients with similar profiles. If a 'case' or group of cases reviewed provide new information that may assist in improving outcomes, or direct future research, such cases may be discussed in conferences or between colleagues, or described in publications, ensuring the protection of your personal information. The discussion of new findings aids in the progression of therapies, and assists other colleagues in learning about interventions that work. It also aids in abandoning therapies that do not provide optimal results. With your initial here, you are authorizing that, while protecting your privacy, we can discuss your case history or include in a peer review publication any important, outstanding or even incidental finding that may be of interest to other scientists or health professionals.

_____**REGARDING MINORS.** For all visits, minors must be accompanied by a legal guardian or person assigned by their legal guardian on file. Both parents must accompany the patient for the initial visit, or take full responsibility, documenting on file in writing the reason for coming alone. In order to make the best of your visit, two adults must accompany the child when present. In the case of discussion visits, a third adult may be needed if both parents wish to participate in the discussion. If the parents prefer, they may do an initial discussion visit without the child being present, provided that the child has been examined by the physician recently, and before any treatment can be initiated. Such parents may request a 'split visit'.

_____**HONORARIES.** Our fees vary according to services provided. You are responsible for verifying all fees prior to receiving any service. We reserve the right to adjust our fees at any time. It is the

responsibility of the patient to request updated information prior to the visit. The visits with the physician include only the time for consultation with the physician. If any treatment is received or in-office test is given, the patient is responsible for the cost of such services in addition to the cost of the medical consultation. If the visits extends beyond the scheduled time, or additional time is needed from the physician after the visit, the patient is responsible for the additional charges due the extended time of consultation.

_____BALANCES AND OVERDUES. Unless a previous written agreement exists, all fees are due at the time of service, including all in-office and off-site visits, and all physician time by email, phone, fax or other. Patients on special monthly programs will honor their particular agreement in addition to this Practice Policies document. Patients with Credit Card Authorizations will be billed as per agreement. A non-refundable, non-creditable, non-transferable \$25 fee will be applied to each/all returned checks and credit card declines.

_____CONCIERGE SERVICES AND SPECIAL ACCESS PROGRAMS. Each program or concierge service agreement will be honored per individual contract. All program patients will honor this Practice Policies document AND their individual Concierge or Special Access Contract. Both patient and physician reserve the right to terminate the agreement at any time. A notice will be sent from the office if terminated by the physician. A written notice is required from the responsible party if terminated by the patient/responsible party. No monthly fee is refundable. Remaining balances for services rendered will be charged to authorized credit card at the time of termination.

_____CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT. Our diagnostic and treatment approaches are unique and individualized and are the intellectual property of Dr. Bermudez. Because one treatment for a particular illness may not be adequate for another patient with the same diagnosis, we require that, with the exception of providing needed information to your other medical care providers or under an educational setting, you do not disclose the details of your treatment to others. You understand that treatments that are safe for one patient may be harmful for another patient with the same diagnosis. If you chose to assist someone else by educating them or implementing your particular treatment, you hereby release Dr. Bermudez, iMed & Staff of any legal and or monetary liability, including severe damage and death, from any present and future damage generated from the correct and/or incorrect use of the information that you have shared. The treatments that you receive at iMed are designed uniquely for you and are not designed for others with the same diagnosis or symptoms, including your immediate family members, who may need a different treatment for a similar symptom.

_____CANCELLATION POLICY. We understand that there may be situations in which you may be forced to cancel or reschedule your appointment. We ask that you inform us as soon as you know you will not make it to your appointment. We will work to assist you in rescheduling your appointment. Since there is a lengthy time spent by the the physician and staff to prepare for your appointment, and cancellations are a great inconvenience in time and money for us, we have created a cancellation policy that we require you to honor:

- ESTABLISHED PATIENTS. A 24 hour notice is required for cancellations or rescheduling. If the

cancellation occurs within 24 hours of the scheduled visit, the visit will be charged fully, and the opportunity to credit this visit towards the next visit will be given, if such visit occurs within two weeks of the original scheduled visit. Recurrent less than 24 hour cancellations will require to pay for the visit upon scheduling.

- NEW PATIENTS. A 72 hour notice is required for cancellations or rescheduling of an initial visit. If the visit is canceled inside the 72 hour period, it will be charged fully. If this visit is rescheduled during this 72 hour period, and completed within 2 weeks of the original appointment time, the fee will be credited towards that visit. A non-refundable deposit may be required upon scheduling for complex or hourly patients who schedule an initial visit.
- NO SHOWS. For both new and established patients. Patients who fail to cancel their appointments on time will be responsible for the full scheduled visit fees and charges will be made to their credit cards on file. If a patient fails to show without calling, and with the exception of Acts of God and extreme emergencies, the visit will be charged with no credit towards a next visit. A new appointment will be required. Recurrent no shows will require to pay a non-refundable, non-transferable, non-creditable full visit fee upon scheduling.

_____ NO CREDIT CARD OPTION. Any patient who fails to provide a credit card authorization upon registration will be required to maintain a retainer fee. The required initial retainer fee will vary according to requested services and will be no less than \$200 for any service request. One time visits and in-office testing requests will require the visit/test to be prepaid upon scheduling. In-office treatment plans will require a non-refundable 50% deposit in addition to the minimum retainer balance. The required minimum balance will vary according to services requested and will be no less than \$150 for regular patients or one month in advance for program patients at any given time. The retainer fee is fully reimbursable, minus any balance at the time of withdrawing the retainer.

_____ SPECIAL ACCOMODATIONS. If you have any physical limitation, please let us know before your visit how we can make your visit more accessible. We will make our best effort, within the limitations of our resources, to assist you with your special needs. This policy is extended to our patients with Multiple Chemical Sensitivities (MCS), who can be temporarily disabled by some exposures. For these and all our patients, we have established an environmental protection policy, which is directed at minimizing such insults. If you have MCS, let us know before you visit so that we can prepare. Please understand that, within a medical practice there are materials for which there is not a substitute and the possibility of exposures cannot be eliminated totally. Upon scheduling your visit, please send us a list of the most offending agents and we will do our best to minimize your exposure during your visit.

_____ ENVIRONMENTAL POLICY. With the purpose of optimizing your evaluation, and of minimizing environmental insults at the office, we have made all possible efforts to eliminate offensive agents. We will be glad to provide a list of the changes that we have made to make this office less environmentally offensive. As part of our practice policies, we ask that, especially initial visits, on the day of your visit you do not use any perfumes, perfumed lotions, oils, conditioners, or other substance applied to your body that may have a scent, including some laundry detergents and makeup. We recommend that you use an

SLS-free glycerine soap or a baking soda soap for your bath/shower on the day of the visit and that you please do not smoke within one hour of visiting the office. Removing nail color will help to make the best of the physical exam as well. This policy has the purpose of protecting our most sensitive patients and to optimize your initial evaluation.

With your signature below you confirm that you have read, understand and agree with fully honoring these Practice Policies and any additional program or concierge contract that you sign in the future. This document was last updated on **2021-01-26**

Adults:

_____	_____	_____
Name of Patient	Signature	Date

If the patient is a minor or severely handicapped, his/her authorized legal guardian must sign:

_____	_____	_____
Name of Patient	Signature	Date

_____	_____	_____
Mother or Responsible Party	Signature	Date

and

_____	_____	_____
Father and Responsible Party	Signature	Date