

# Cancellation & Financial Agreement updated 4.2024

## Cancellation & Financial Agreement

### Cancellation & Financial Agreement Policies

After the First Intake and 2nd Follow-up Visit, one is considered an Established Patient. Generally, New Patient Intakes include a 2 hour intake (medical billing code: 99204 or 99205) and 1 60 minute follow-up (medical billing code 99213 or 99214). A package Price is available for both appointments to incentivize commitment. The 2nd visit must be completed within 2 months of first visit or else it is forfeited due to the nature of the package offer.

- Please feel free to take your medications/supplements with you.
- Please plan 1 extra hour to allow for extra care, admin work, billing, invoicing, courtesy, or delay.

For Established Patients Return Visits are billed at the hourly rate. Telephone calls, e-mail and chat communications may be subject to time-based invoicing at the hourly rate.

A Credit Card is required to make an appointment and held via Healthie, the secure and PCI compliant Electronic Medical Record System, for the purpose of invoicing. Payment is collected at the time of the appointment.

Prices are subject to change. It is customary to experience 5-10% annual increases (or 10-20% Bi-annual increases) to reflect experience in the field, cost of living increase, and other considerations.

### Cancellation and Rescheduling

Notice must be by email, text, or voicemail and be sent no later than 24 hours prior to the **start** of your scheduled appointment time.

- Appointments not cancelled within 24 hours of the scheduled appointment time are charged 100% of the scheduled visit's value. This includes No-Shows. For established patients, one cancellation charge is waived.
- Please do your best to reschedule at least 1 week in advance. Please give your calendar a thorough look before scheduling.
- Regarding rescheduling outside of 24 hours advance notice, the first time has no penalty. The second reschedule is charged 50% of the visit's value. The third reschedule is charged 100% of the visit's value.

Dr. Gussak is not contracted with insurance and so you agree that all services are self-pay. You may ask for a Superbill for you to submit for reimbursement through your own insurance company if you have out-of-network coverages that cover naturopathic care.

### Agreement

I have checked and accept the [www.RootsandRivers.Health](http://www.RootsandRivers.Health) Website for the services and price list. I understand to check this website for the most up to date pricing.

I hereby agree to the document above.

### Price List

**Updated Price List is on website: <https://rootsanddrivers.health/>. By consenting below, I take responsibility to check the website for price changes and updates before my visits.**

As of October 2022: Physician Hourly Rate: \$275(adult)|\$225 (pediatric)

Medical Billing is a combination of time, task, and complexity. Details of Evaluation & Management Codes can be found at <https://www.aafp.org/pubs/fpm/issues/2008/1100/p22.html>  
(<https://www.aafp.org/pubs/fpm/issues/2008/1100/p22.html>)

New Patient Visits (adult | pediatric)

- 99202: straightforward medical complexity first visit
- 99203: low medical complexity first visit (412.50 | 337.50)
- 99204: medium medical complexity first visit (550|450)
- 99205: high medical complexity first visit (687.50|562.50)

Food Intolerance Evaluation Processing Fee applied at first visit: \$200

Sample collection is included in the first visit. Results discussed during the follow-up as part of dietary counseling. Fee is applied at first visit.

Return Visits/ Acute Care Visits / Continuing Care:

- 15 minute ND time, rx refills, letter writing, other (75|50)
- 99212: 30 minutes, usually brief acutes. (150|100)
- 99213: low complexity return visit (225|175)
- 99214: medium complexity return visit (275|225)
- 99215: high complexity return visit (350|275)

ESTABLISH CARE PACKAGES

Pre-Pay: invoices are paid at the first visit. Packages expire within 2 months as they are intended to be used in a 2 month period.

Pre-Pay Adult package | Moderate Medical Complexity: \$950

- *\$75 off of Total Value (\$1,025)*
- *Payment Plan Option: 4 installments every 2 weeks \$256.25 (total: \$1,025)*

Pre-Pay Adult | High Complexity \$1,075

- *\$87.50 off of Total Value (\$1162.50)*
- *Payment Plan Option: 4 installments every 2 weeks \$290.62 (total \$1162.48)*

Pre-Pay Pediatric | Moderate Complexity Package: \$800

- *\$75 off of Total Value: \$875*
- *Payment Plan Option: 4 installments every 2 weeks \$218.75 (total \$875)*

Pre-Pay Pediatric | High Medical Complexity Package: \$900

- *\$87.50 off of Total Value: \$987.50*
- *Payment Plan Option: 4 installments every 2 weeks \$246.87 (total \$987.48)*

Pre-Pay Package of 10 Constitutional Hydrotherapies (CHT) - \$750 (\$900 value)

**Outside of appointment fees:** When requests are made outside of the appointment time, this requires the physician to review the chart and/or note any additional medical documentation. Therefore, the below charges are considered.

- Lab requisitions (lab work that needs to be sent to the lab outside of scheduled visit) 25 - 75
- Prescriptions: Uncomplicated Refills 25. Refill with brief phone eval 75. New or updated Rx 75|125 depending on time and evaluation. It is good and common practice to limit an Rx to one year's use in order to ensure proper follow up and management.
- e-mails, phone or text: quick responses related to current - \$25 - 75
- e-mails, phone or text: 25|50|75

For non-patients, dietary counseling alone is available:

**Individualized Anti-Inflammatory Diet Evaluation & Counseling - \$350**

Includes 15 minute introduction to Food Intolerance Evaluation and 1 hour counseling. No medical intake or advice can be shared.

Price List may be subject to change. Inflation expectations usually suggest price increases annually of 5-15% for services.

Telephone calls, e-mail and chat communications may be subject to time-based invoicing at the hourly physician rate.

A Credit Card is required to make an appointment and held via Healthie, the secure and PCI compliant Electronic Medical Record System, for the purpose of invoicing. Payment is collected at the time of the appointment.

**I agree to the above policy.\***

[Initials]

**I have insurance and am opting to self-pay for services at Roots & Rivers Naturopathic Medical Center. I understand that I may request a Superbill which I may submit on my own for reimbursement from my insurance company. I also understand that reimbursement is not guaranteed.**

[Initials]

**I have Medicare and understand that I waive coverage because Naturopaths are not federally regulated.**

[Initials]

**Name:\***

**Client signature:\***

*(This will require your client's signature)*

