

Cancellation & Financial Agreement updated 12.2024

Cancellation & Financial Agreement

Cancellation & Financial Agreement Policies

After the First Intake and 2nd Visit, one is considered an Established Patient. Generally, New Patient Intakes include a 2-3 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.

Information about Medical Evaluation & Management Pricing

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

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>)

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 are subject to time-based invoicing at the hourly physician

rate. Time includes physician review of chart, time before and after communication, and the time of communication.

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.**

Agreement*

I have checked and accept the 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.

PLEASE LET US KNOW BEFORE THE VISIT WHICH PAYMENT OPTION YOU WANT.

ESTABLISH CARE PACKAGES include:

1. Initial Visit with Comprehensive History and Physical Exam
2. Carroll Food Intolerance Evaluation. This informs the treatment plan and prescribed diet. The sample is obtained in the initial visit and results are reviewed in the 2nd visit.
3. Second Visit to review the treatment plan in person, additional teaching of natural health care practices, dietary counseling.
4. After the two visits, you are now an established patient who can receive regular continuing care and acute care with our clinic.

Packages: invoices are paid at the first visit with the card your provided on file. Packages expire within 2 months as they are intended to be used in a 2 month period. Physician determines level of medical complexity based on medical decision making. Installment Plans are at full value of the services and paid every 2 weeks for a total of 4 times Please let us know wen the first visit begins if you want the installment plan.

ND Time means time spent by physician before, during and after medical encounter: chart review, documentation, physical exam, previewing and prepping for visit, intake review, placing and reviewing lab orders, prescriptions, making a treatment plan.

Pediatric | Moderate Medical Complexity Establish Care Package

Pricing:

- *Pre-Pay Price: \$800 (You save \$150!)*
- *Payment Plan Option: 4 installments every 2 weeks \$237.50. 1st payment due at 1st visit.*
- *Total Value: \$950*

Details:

- *1st visit| 99204 (\$500)*
- *FIE | 200*
- *2nd Visit Diet & Treatment Plan Presentation | 99214 (\$250)*

Adult | Moderate Medical Complexity Establish Care Package

Pricing:

- *Pre-Pay Price: \$950 (You save \$150!)*
- *Payment Plan Option: 4 installments every 2 weeks \$275. 1st payment due at 1st visit.*
- *Total Value: \$1,100*

Details:

- *1st visit| 99204 (\$600)*
- *FIE | 200*
- *2nd Visit Diet & Treatment Plan Presentation | 99214 (\$300)*

Pediatric | High Medical Complexity Establish Care Package

Pricing:

- *Pre-Pay Price: \$1000 (You save \$200!)*
- *Payment Plan Option: 4 installments every 2 weeks \$300. 1st payment due at 1st visit.*
- *Total Value: \$1,200*

Details:

- *1st visit| 99205 (\$750)*
- *FIE | 200*
- *2nd Visit Diet & Treatment Plan Presentation | 99214 (\$250)*

Adult | High Medical Complexity Establish Care Package

Pricing:

- *Pre-Pay Price: \$1,200 (You save \$200!)*
- *Payment Plan Option: 4 installments every 2 weeks \$350. 1st payment due at 1st visit.*
- *Total Value: \$1,400*

Details:

- *1st visit| 99205 (\$900)*
- *FIE | 200*
- *2nd Visit Diet & Treatment Plan Presentation | 99214 (\$300)*

Agreement(Read Only)

Constitutional Hydrotherapy

Constitutional Hydrotherapy (C.H.T) is an advanced, naturopathic technique to stimulate vitality, normalize body temperature, tonify organs, and increase hydration by providing the basic ingredients for health: Rest, Electricity and Water.

There are multiple beneficial effects and multiple variations. Sessions are between 60-90 minutes with a brief Naturopathic Physician check to adjust treatments. This is a gentle and non-supplement detoxification.

[Learn More \(https://rootsanddrivers.health/c-h-t-%7C-hydrotherapy-1\)](https://rootsanddrivers.health/c-h-t-%7C-hydrotherapy-1)

Single Session - 90

Package of 5 CHTs - 400

Pre-pay for 5 CHTs at \$85 each (\$425 value, you save \$25!)

Package of 10 CHTs - 800

Pre-pay for 10 CHTs at \$80 each (\$900 value, you save \$100!)

Package of 15 CHTs - 1,125

Pre-pay for 15 CHTs at \$75 each (\$1,350 value, you save \$225!)

- Packages expire within 2 months because they are meant to be done in a close time frame.
- Treatment times are at 1:45 and 3:45 on most Tuesdays, Wednesdays, and Thursdays.
- Arrive 10 minutes early and wear warm clothing.
- Efficacy may be increased by arriving fasted from solid foods by a few hours and by maintaining a water-fast for 6 hours post-treatment, if medically safe to do so. Use Carrot-Celery Electrolyte broth as "Nature's Gatorade" if needed.
- N.D. briefly visits to make appropriate adjustments to the C.H.T. treatment. New problems requesting a treatment plan are subject to medical visit billing (see E&M medical visits list)
- There are many variations so that progress and care is individualized.
- CPT Codes for Superbills: 97032 (electrical stimulation) + 97034 (contrast baths)
- Add-ons:
 - Additional Electrotherapy - \$30 (additional sine wave, diathermy, cold laser)
 - Oxygen - \$20

For Established Patients

Outside of Scheduled Medical Visit Fees

When requests are made outside of an appointment time, this requires the physician to review the chart and/or note additional medical documentation.

15 minutes Other or Admin N.D. Time with no treatment plan or management.....75 | 50

- Acute Homeopathic and Hydrotherapy Rx
- Rx refills
- Letter writing
- Other physician time
- No E&M (Evaluation and Management)- i.e. no treatment recommendations or medical management

Prescription- refills.....75 | 50

Refills are based on previous visit's continued care. New medical prescriptions are billed as 99211-99215 Evaluation & Management above. It is common practice to allow refills for 1 year to ensure proper follow up and management.

Labs.....75 | 50

Lab requisitions that need to be sent and compiled outside of regular visit time, require reviewing chart and documentation

E-mails, Text, Phone.....25 | 50 | 75

Brief responses related to current/known medical issues are subject to outside visit fees. Correspondence may require checking the patient's chart to answer questions. 5|10|15 minutes

Hourly N.D. Rate.....300 | 250

Consult with Naturopathic Doctor that lie outside normal visits. Updated December 1, 2024

E&M Codes

Medical Visits | E&M: Evaluation & Management

For Established Patients

Follow-ups, continuing care & acute care visits (Adult | Peds)

To learn more go to <https://www.aafp.org/family-physician/practice-and-career/>

About Medical Billing

We typically spend more time with patients than the insurance billing model allows. Total N.D. times are reflected by the E&M codes describe the level of service delivered at the visit based on tasks, complexity, time, and documentation and review of labs before and after a visit by the physician. The last digit refers to the level of complexity. The most commonly billed are 99213 and 99214.

Procedures and Treatments during the visit are additional to the medical visit in cost and time.

99211, brief mini treatment Plan.....100 | 75

Non-Complex

- Average N.D. time before, during & after visit: 10-15 min
- Typical time using the insurance model: 5 min

99212, Mini individualized Treatment Plan.....150 | 125

Straightforward medical problem with minimal complexity

- Average N.D. time before, during & after visit: 30 min
- Typical time using the insurance model: 10 min

99213, Low complexity Visit.....225 | 175

Expanded Problem Focused with low medical complexity

- Average N.D. time before, during & after visit: 45 min
- Typical time using the insurance model: 15 min

99214, Regular, moderate complexity visit.....300 | 250 (MOST COMMON)

Detailed Problem Focused with moderate medical complexity.

- Average N.D. time before, during & after visit: 60 min
- Typical time using the insurance model: 25 min

99215, High Complexity Visit.....375 | 312.50

Comprehensive History & Exam with High Medical Complexity.

- Average N.D. time before, during & after visit: 75 min (face to face: 60 minutes)
- Typical time using the insurance model: 40 min

99417.....75 | 50

Prolonged services provided ,with or without direct patient contact, when the total time is at least 15 minutes longer than the primary service.

If paying for first visit individually

New Patient Visits: Adult | Pediatric

99203: New Patient | Basic.....450 | 375

Issues addressed are low level, straight-forward medical decision making.

- N.D. time before, during & after visit: 1.5 hours
- CPT Code 99203 | Minimal complexity | Typical time using the insurance model: 30-44 minutes
- Additional \$200 FIE Processing Fee is applied at first visit.

99204: New Patient | Moderate (most commonly used).....600 | 500

Issues addressed are moderate level of medical decision making.

- ND Time before, during & after visit: 2-2.5 hours
- Typical time using the insurance model: 45-59 minutes
- Additional \$200 FIE Processing Fee is applied at first visit.

99205: New Patient | Complex.....900| 750

Issues addressed are high medical complexity and require a higher degree of medical decision making.

- ND Time before, during & after visit: 3-4 hours
- Typical time using the insurance model: 60 minutes
- Additional \$200 FIE (*Food Intolerance Evaluation*) Processing Fee is applied at first visit.

FIE | Food Intolerance Evaluation Fee for patients.....200 fee

FOR PATIENTS ESTABLISHING CARE: \$200

Additional FIE (Food Intolerance Evaluation) Processing Fee is applied at first visit. Results are discussed as part of the 2nd visit's Diet & Treatment Plan Presentation.

Diet & Treatment Plan Presentation.....300 | 250

At the 2nd visit, a walk through of the prescribed diet and treatment plan is taught. CPT Code: 99214

99417: Additional ND Time.....75 | 50

CPT code 99417 is used when a healthcare provider spends more than the required time for an evaluation and management (E/M) service at least 15 minutes beyond the primary service.

FIE | Food Intolerance Evaluation for non-patients.....500

FOR NON-PATIENT CONSULTS: \$500

A great option for those who already have a great doctor and just want to receive dietary counseling on food intolerances. This includes

- a 15 minute sample collection visit followed by 1 hour in person dietary counseling appointment.
- *No medical advice can be given for this service.*

Pre-Pay Package appointments expire after 2 months of 1st visit. Cancelled or rescheduled visits forfeit \$250 deposit if notification via email or text is not received within 48 hours.

Roots and Rivers Foundation is the non-profit 501(c)3 public charity portion of the clinic which started January 2024 to increase access to Naturopathic care.

Financial Assistance Program (LIMITED AVAILABILITY)

Roots and Rivers Foundation is the non-profit 501(c)3 public charity portion of the clinic which started January 2024 to increase access to Naturopathic care.

If you are experiencing financial and/or life hardship, please call our office and we will be happy to discuss options with you. It just takes a form to apply, and you may receive a percentage off services and Fullscript (the online dispensary). This does not apply to purchases from the office medicinary. Remind about this at your visit and we will get you set up.

Donations are tax-deductible: [PayPal Donation Link \(https://www.paypal.com/donate/?hosted_button_id=QGCTHKNN7MMPE\)](https://www.paypal.com/donate/?hosted_button_id=QGCTHKNN7MMPE)

If you are happy with your naturopathic journey and wish to pass it on to someone else, please consider donating naturopathic care to those in need by donating to the Giving Fund.

With your help, we can support R|R to generously provide time, education, and naturopathic medical services to those affected by financial and/or life circumstantial hardships.

About Us: Roots and Rivers Foundation (sometimes also called The Gussak, N.D. Family Foundation) is a 501c3 charitable organization with the mission to further the theory and practice of traditional naturopathic medicine for current and future generations in order to preserve the purpose of medicine to help and at least do no harm.

We support R|R to generously provide time, education, and naturopathic medical services to those affected by financial and/or life circumstantial hardships.

Who is eligible?

1. Financial Hardship: total household income is at or below 200% of the [Federal Poverty Line](https://www.medicaidplanningassistance.org/federal-poverty-guidelines/) (<https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>)

2. Life Hardships can include but is not limited to

- family or personal history of incarceration
- Clinician Burnout/Compassion Fatigue
- [iatrogenicity](https://rootsandrivers.health/iatrogenicity-org) (<https://rootsandrivers.health/iatrogenicity-org>)

If you would like to apply, please speak to a staff member directly. Please note, there may be limitations to the number of people to whom we may extend this courtesy. Re-application is yearly.

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 understand to communicate with my doctor about superbills at the time of the visit to reduce admin time. *

[Initials}

I understand payment is due at the time of service. I understand to communicate any financial considerations verbally before the visit begins.

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

[Initials]

Client signature for agreement and confirmation of having reviewed this document:*

(This will require your client's signature)