

## FINANCIAL POLICY

We are committed to provide you with the best possible care. In order to achieve this goal, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time the services are rendered. We accept cash, checks, Discover, Visa, MasterCard and related debit cards. We do not accept American Express.

Our fees are considered usual, customary and reasonable by most insurance carriers; however, supplements and some lab tests are not covered by most carriers. You need to contact your insurance carrier as to covered benefits.

You and your insurance company have a contract and you can submit your claim directly to them as we do not file insurance claims. We will provide a medical claim with appropriate diagnostic and procedure codes related to your visit for you to file with your insurance carrier. We will provide a letter attached to the claim instructing your insurance carrier you have paid for your visit and to reimburse you, not the clinic.

We emphasize that, as health care providers, **our relationship is with you and not your insurance company**; therefore, all charges are your responsibility for any services rendered.

## INSURANCE

The following licensed practitioners at our office **do not** participate in any health insurance plans:

Carolyn Walker, Nurse Practitioner

They have also "opted out" of Medicare. This means that all Medicare patients must sign an "Opt Out" Medicare Beneficiary Contract prior to each visit at our clinic. This form acknowledges the above practitioner **does not** contract with Medicare and claims cannot be submitted to Medicare for reimbursement.

The Medicare patients that do have a secondary insurance carrier whom they wish to submit a claim for their services performed here can **only** do so if they send a copy of their signed Medicare Beneficiary Contract along with their claim form.

## WHY DON'T WE TAKE INSURANCE?

We **do not** accept insurance because insurance does not reimburse well for preventive medicine testing and treatment. Insurance companies follow “standards of care” which are based on decisions related to pharmaceuticals (drugs) and controlled clinical trials for the drugs. We want to be assured that the “standards of care” are followed in prescribing drugs in traditional medical treatment to prevent risk of harm.

Currently, the insurance industry is set up to recognize and reimburse for acute and chronic illness (ex. strep throat, diabetes management), and interventions (ex. surgeries, diagnostic testing). Our opinion is that it is more a “sick care” insurance, rather than a truly preventive “health” insurance system based on evaluating basic biochemical body functions.

There has been little attention paid to the “functional” medicine and “clinical nutrition” standards of care by the insurance and traditional medical industry. We attempt to follow these more natural and holistic standards in our practice at Prevention & Healing of Iowa. Unfortunately, insurance does not often recognize these beneficial options as a “standard of care” for the average consumer due to the lack of understanding of their efficacy.

Having explained our position, we do help our patients by providing a generic medical claim form for each clinic visit and using standard insurance codes on the claim forms so you can submit them for reimbursement to your insurance plan. We have no involvement in and do not guarantee in any manner that you will get reimbursed. Reimbursement is entirely between you and your insurance company and dependent on your insurance company and insurance plan.

In choosing insurance plans, looking for a plan that covers a percentage of a visit to a **non-participating provider** may be helpful in reimbursement for services. A non-participating provider does not contract with insurance companies. We also encourage our clients to appeal any insurance denials within the defined time period listed on their Explanation of Benefits denial form. By appealing an insurance denial, you can inform your insurance company how your insurance premiums would be of greater benefit via the preventive health related treatments received at our clinic vs. the many dollars which can be spent on more traditional modalities which may not have been as healing. This is what our patients profess as well. Also, please know that denied claim dollars can often be applied to your medical savings/cafeteria dollars set aside yearly.

From this perspective, our intent is to provide what we consider to be the best care to our patients depending on their needs. Our patients affirm this by the fact that they continue to come to us for care. They are seeking a different philosophy in the practice of preventive, functional medicine. We will refer to traditional practitioners and can use traditional protocols when requested and/or necessary.