



PRACTICE POLICIES
Effective March 1, 2016

OFFICE POLICY:

We require a credit card number on file for all patients in order to schedule appointments. To be considered an active patient and receive ongoing care, we require that the patient be seen in our office at least once per calendar year. All other follow-up appointments may be in person or by telephone (unless otherwise determined by clinician or requested by parent/guardian). Payment for all consultations and procedures is due at the time of the visit. Center for Integrative Health does not participate with any health insurance. Therefore, it is up to you to contact your insurance company before committing to our program so you can know what reimbursement, if any, can be expected.

POLICY FOR ALL CONSULTS:

As part of our continued effort to provide you with the very best medical care and to accommodate all appointment requests, we require an email update prior to each consultation. If this update is not received by close of business on the Friday before your appointment, the consult may be rescheduled, at the discretion of the physician. Our clinicians meticulously prepare for each appointment prior to the time of your appointment. This ensures that we achieve the high standard of care and treatment we pride ourselves on.

CANCELLATION POLICIES:

All services are provided by appointment only and this scheduled time is reserved for your exclusive use. The cancellation policy differs by the type of appointment, as documented below.

Cancellation of an Initial Consult

All new patient appointments must be canceled 7 days prior to your scheduled appointment. Center for Integrative Health retains the right to bill at 50% of the standard initial consultation fee for appointments cancelled within 7 days of the scheduled appointment.

25% of the fees paid for cancellation of an initial consultation may be applied to a rescheduled initial consultation.

Follow-up Appointment Cancellation

We require 48 hours notice for follow-up consultations, which includes office visits or telephone consults with any of our clinicians. Center for Integrative Health retains the right to bill at 50% of the standard fee for any consultation cancelled within 48 hours of the scheduled appointment. Rates vary by service and clinician; please check our website for our current rate schedule.



Fees paid for cancellation of follow-up appointments are non-refundable and may not be used as credit to a future consultation or procedure.

Cancellation of Office Procedure and HBOT

For infusion, blood draw or IV appointments, as well as Hyperbaric Oxygen Therapy (HBOT) Sessions, we require 24 hours notice to cancel a scheduled appointment. If you cancel your appointment within 24 hours, Center for Integrative Health has the right to bill your credit card 50% of our standard fees for scheduled procedures. Please call our office to get the fees schedule for medical procedures. Also keep in mind that due to increased costs and prescription requirements for IV medications, for any appointment for an IV that is cancelled and not rescheduled, you will be charged for the IV as we cannot use this medication for another patient.

Fees paid for cancellation of office procedures are non-refundable and may not be used as credit to a future consultation or procedure.

To cancel an appointment, please call 203-834-2813. Our general office hours are Monday through Thursday, 8:30 am – 5:00 pm and Friday 8:30 am - 2:30 pm. All cancellations must be stated via telephone. If you cannot reach us in person by phone, you can leave a detailed voicemail message with your name, patient's name, date and time of your scheduled appointment.

In the case of a true medical emergency or an act of God (natural disaster) our cancellation policy does not apply but may require documentation in writing.

EMAIL POLICIES:

As part of our continued effort to provide you with the very best medical care, our clinicians use e-mail as a form of communication with patients.

E-Mail Guidelines

- E-mail communication is viewed as billable time, as is an office visit or telephone consultation.
- Any e-mail that requires at least 15 minutes of clinician time will be billed as per clinician's discretion.
- Brief e-mails will not be billed individually, BUT frequent e-mails will be cumulative and left to the clinician's sole discretion when billing time is necessary
- Emails will be billed by our office every few months at a rate of \$400/ hour

Please note that if you choose to submit our invoices to your insurance company for reimbursement, telephone consults are not generally covered by insurance and email

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correspondence is not covered by insurance. You should not submit invoices for email correspondence to your insurance provider.

MEDICAL RECORDS POLICY:

We will provide you with a copy of all office notes and lab reports at each consultation. If you require an additional copy of these records for another practitioner, there will be a charge of \$75. You must complete a Medical Release Form and the records will be sent at your request, with two weeks notice. If your insurance company has requested office notes or lab reports to process a claim, we will contact you first to let you know of the request and then we will forward the requested information to the insurance company for a fee of up to \$75. If the requested records are required in less than two weeks time, there will be an additional \$50 fee for expedited processing.

PRIOR AUTHORIZATION POLICY:

Due to changing insurance company policies, compounded and non-formulary medications have become much more difficult to be covered. Please be advised that it will take at least one week for any Prior Authorization and a fee of \$25 will be billed to you, whether or not the Prior Authorization is approved.

If you have any questions regarding any of these policies, please call us at 203-834-2813. Thank you.

If patient is a child, both parents/ guardians must sign below.

I, _____ have read and understand the above outlined policies.

Patient Name _____

Patient Signature _____

Date _____

OR

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____