

## Family Healthcare of Lake Norman Description of Office Encounters

**Employment/School Physical.** Visual screening, colorblind test, vitals, diabetes screening, urinalysis (regent strip testing 10 items), hearing test (pure tone), review of medical history and a general exam by a physician with written report. Cost: \$150 (Usually not paid for by insurance. A general physical under a patient's health insurance benefit can usually address the employment/school physical form requirements).

**Sick Visit/Follow-Up Exam.** This type of office visit usually addresses one to three acute or chronic health issues. The number and types of issues should be identified at the time the appointment is made. Additional procedures may be performed if time allows. If time is an issue, the patient may be asked to schedule another appointment. A follow-up encounter is usually required when the doctor is trying to regulate medications or ensure a condition has fully resolved. Due to the addictive nature or potential for abuse, some medications will require routine follow-ups while taking the medications. Routine follow-up blood draws required due to medications or personal health history may not have a doctor present during the blood draw. If you wish to speak to the doctor during a "blood draw" office visit, please notify the receptionist as soon as possible so that we can make the doctor available. The doctor will review the lab values and contact the patient to advise of the results. The "blood draw" visit is an office visit and does require a co-pay if your insurance requires one.

**What is provided during a Pap/Pelvic Wellness Exam?** Vitals, review of medical history, pelvic exam, obtaining a specimen from the vaginal wall/uterus to check for HPV and other disease as indicated for laboratory analysis, manual and visual breast exam, coordination of additional exams such as bone density and mammography. Address minor health issues relating to female health issues. The visit also includes a written report of test results. General cost of this service is \$185 to \$285 depending on labs needed and if other health issues are addressed. Applicable insurance contract rates will be applied.

**What is provided during a Routine Wellness Physical?** Review of medical history, visual screening, colorblind test, vitals, diabetes screening, urinalysis (regent strip testing 10 items), hearing test (pure tone), physician's general exam of patient checking for unusual skin conditions and general health. Specific screening services may be required due to a patient's age, sex, social/personal/family history. The practice will coordinate diagnostic services not available within the office and follow-up on the results of those screening services. If age and patient history warrant, fasting blood work will usually be accomplished. The blood work usually checks cholesterol/lipid levels, metabolism, and thyroid function. Other tests may be performed as directed by the doctor. A written report and results will be provided to the patient. The physical will also include a review of previous exams (mammogram/bone density) and/or other related issues. Minor health issues may also be addressed but may be billed outside of the wellness visit services. Cost for this wellness service may range from \$150 to \$350 based on the labs required and other health issues addressed. Applicable insurance contract rates will be applied.

Hormone Therapy Consultations.

Dr. Winegardner has been practicing medicine for over 25 years and doing BHRT for over 16 years. The medicines approved by your insurance and the Bio-identical hormone therapy (BHRT) creams/capsules/troches have not produced the results that satisfy her or most of her patients. This issue creates expectations from her patients that Dr. Winegardner will find a solution that fits the patient's limited budget. We understand that pocket book issue but insurance does not cover the extra time and effort it takes to work with the patient and the compounding pharmacies.

You may have tried to receive treatment for your symptoms from your gynecologist, endocrinologist, or family doctor using your insurance benefits. If you found they did not address your menopausal symptoms satisfactorily it may be because they are not educated in

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BHRT or cannot give you the time needed due to insurance reimbursement limitations or company policy.

**To address the extra training and time required to manage non-pellet HRT, we have established a policy to charge \$65 for each time the Doctor must address a change in medication or issue related to a non-pellet HRT patient.** An office visit, may be required depending on the issue. **These BHRT administration charges will not be filed with insurance-you will be responsible for the charge.**

We will still bill all office visits to your insurance and honor our contracted fees associated with those visits.

Regardless of whether you do the insurance approved medications, BHRT compounded creams/capsules/troches, or BHRT estradiol/testosterone “pellets”, there is no guarantee that any of these approaches will solve all of your concerns. We have had much better success with “pellets”.

**Insurance Restrictions.** Nearly all the major insurance carriers will limit payment for sick visits on the same day as a wellness exam. The same applies to routine physicals and paps performed on the same day. If you come to the wellness exam with a significant health issue, you may be asked to reschedule the wellness exam since your insurance may not pay for both on the same day.

**Medicare Wellness Exams.** Medicare now covers wellness exams. You can learn more about this benefit by visiting the Medicare web site at <http://www.medicare.gov/> and searching for annual wellness benefit.

### Billing and Service Charge Policy

Like other medical practices, declining insurance reimbursements and rising costs force us to charge for certain administrative services. The following fees are generally applicable for established patients and not covered by insurance:

- Forms Completion (not provided at time of current wellness exam) - \$25 or more
- Prescription Refills (requested by patient prior to expiration of script or refills w/o appointment) - \$10
- Medical Records Transfer (7 days notice required) – Approx. \$25 (dependent on volume of records). Our patients records are available in MyChart for free!
- Telephone/Video Consult with Physician\* - \$40/\$75
- E-mail Consult with Physician\* - \$35 per issue/e-mail

### Billing and Service Charge Policy (cont.)

- Late Payment Admin Fee - \$5 for second bill fee (bill not paid with 30 days of first bill and requiring second notice to be sent). \$25 after two bills have been sent without a response from the guarantor
- All services must be paid for within 60 days of service unless the delay is due to a medical practice insurance filing error.
- The patient must provide correct insurance information at the time of service, or a \$10 rebilling fee may be assessed.

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- Missed Appointment Fee - \$50 (Please notify us at least 24 hours prior to your appointment if you need to cancel/reschedule)
- Physician consults will only be available to patients during normal business hours and who have an established health issue the physician has treated previously. **An appointment may still be required.** There is no charge for our nurse triaging health issues during normal office hours. After hours or weekend/holiday response will be limited to the most urgent issues. We recommend identifying urgent healthcare needs and making an appointment before they become an "emergency".

***Thank you for understanding the reason behind these fees. We will be reasonable in applying them and notify you when they apply.***

### Shopping for New Health Insurance?

Want to make a safe investment? Invest in health care insurance stock!! Want protection for unexpected health care needs? Shop wisely and be aware of the details. There are many new plans being offered and most are designed to increase your out-of-pocket expenses in an effort to reduce your use of health care services and lower the cost to the insurance company and employer. Some of the savings from this approach may be passed on to you or your employer.

So what does ideal health insurance look like? A perfect plan is one that covers all medical costs for in hospital and out of hospital patient services and is accepted by all health care providers. Many of the plans have increased their deductibles or now have deductibles for such services as labs and diagnostic services such as labs, CT's, MRI's, and other diagnostic imaging (Physicians readily use these technologies to ensure quality care and reduce their liability). Be sure to ask if these services fall in your plan's co-pay arrangement or if the deductible will apply. Also ask how many physicians and specialists participate in the plan. Insurance and government attempt to lower their costs by reducing reimbursement to physicians thus driving providers out of these networks. Many providers will no longer accept Medicare, Medicaid or other HMO type products that significantly limit a provider's ability to cover their expenses. Bottom line is that health care will cost you more out of pocket. We at Family Healthcare of Lake Norman are determined to keep our costs down so that we can continue to serve you with affordable quality health care.