



## **Good Faith Estimate Notice, Notice of Costs, Cancellation Policy, and Refund Policy**

You have the right to receive a “Good Faith Estimate” explaining how much your medical and mental health care will cost.

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services.

You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).

## **Explanation of Costs**

The cost of services may vary dependent upon the service provided. A credit card is required to schedule an appointment. Holistic Integrative Health provides four main services.

### **For any patient using insurance:**

The cost of the visit will be billed to your health insurance, provided we are in network with the insurance company. We only accept those health insurance policies for which we are in network. For those patients who have insurance for whom we are out of network, they will be responsible for the cost of care as explained below. For patients for whom we are in network with this health insurance, you will be responsible for copayments, deductibles and any out of pocket expenses not covered by the health insurance.

### **The cost of these services are listed below.**

#### **1. Functional Medicine Evaluation and Treatment**

- a. The cost of a functional medicine evaluation and treatment visit is \$249.00 per hour.
- b. There is a minimum charge of one hour for all visits.
- c. An additional fee of \$62.25 for every 15 minutes that a visit extends beyond the scheduled hour will be charged to your credit card.
- d. The first visit is approximately 2 hours in length.

#### **2. Nutrition Counseling / Health Coaching**

1. The cost of Nutrition Counseling & Health Coaching is \$170.00 per hour.
2. There is a minimum charge of one hour for all visits.
3. An additional fee of \$43.00 for every 15 minutes that a visit extends beyond the scheduled hour will be charged to your credit card.

#### **3. HIV Prep Visit**

1. The cost of an HIV Prep visit is \$85.00 for a 30-minute visit. .
2. There is a minimum charge of 30-minutes for all visits.
3. An additional fee of \$22.00 for every 15 minutes that a visit extends beyond the scheduled 30 minutes will be charged to your credit card.

#### 4. Sick Visits

1. The cost of a sick visit is \$72.00 per 20 minutes.
2. There is a minimum charge of 20-minutes for all visits.
3. An additional fee of \$22.00 for every 15 minutes that a visit extends beyond the scheduled 20 minutes will be charged to your credit card.

Phone calls for urgent issues that are received after 5pm daily will be charged a \$25.00 convenience fee and visit rates may apply. Visits that start after 5pm daily will be charged a \$25.00 convenience fee in addition to the visit charge. An additional \$40.00 convenience fee will be added to the cost of the visit for each home visit. Home visits are offered on a limited basis and the cost may vary depending on your location.

#### **The following applies to all patients with or without insurance:**

The cost for medications, devices, labs and diagnostic tests not covered by insurance will vary and is in addition to the cost of the visit. The cost of supplements will vary depending on the recommendations and is in addition to the cost of the visit. The costs of these services will be provided to you prior to ordering or prescribing any of these items. Your verbal agreement to costs will be obtained prior to charging your credit card.

#### **Refund Policy (applies to all patients)**

The cost for visits, supplements, medications, devices, labs and diagnostic tests is non-refundable.

#### **Payment Policy (applies to all patients)**

A credit card will be required to make an appointment.

**Cancelation Policy (applies to all patients)**

Appointments must be canceled 24 hours before the scheduled appointment, otherwise a missed appointment fee of \$55.00 will be charged to your credit card.

**BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS CONTAINED IN THIS DOCUMENT.**

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_