

Lake Travis Integrative Medicine



PRIVATE CONTRACT

This agreement is between Dr. Julie Reardon ("Physician"), whose principal place of business is 1313 RR 620 S, Suite 203, Lakeway, Texas 78734, and _____ ("Patient"), who resides at _____ and is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997.

Dr. Julie Reardon has informed Patient that she (Physician) has opted out of the Medicare program effective on October 1, 2013 for a period of at least two years, and is not excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

Physician agrees to provide the following medical Services to Patient: **Integrative Family Medicine Care**

In exchange for the Services, Patient agrees to make payments to Physician pursuant to the Attached Fee Schedule. Patient also agrees, understands and expressly acknowledges the following:

- Patient agrees not to submit a claim (or to request that Physician submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- Patient is not currently in an emergency or urgent health care situation.
- Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the Services.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that she/he has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the patient is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.
- Patient agrees to be responsible, whether through insurance or otherwise, to make payment in full for the Services, and acknowledges that Physician will not submit

- a Medicare claim for the Services and that no Medicare reimbursement will be provided.
- Patient understands that Medicare payment will not be made for any items or services furnished by the physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.
 - Patient acknowledges that a copy of this contract has been made available to him/her.

Executed on _____ by _____ (print Patient Name) and Julie Reardon M.D.

Patient

Julie Reardon MD

Physician

10/2016



Texas State Board of Medical Examiners

MAILING ADDRESS: P.O. BOX 2018 • AUSTIN TX 78768-2018 PHONE: (512) 305-7010

DISCLOSURE AND CONSENT

Integrative and Complementary Medicine

To The Patient: You have the right, as a patient, to be informed about your condition and the recommended integrative and complementary procedure to be used so that you make an informed decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

NOTICE: Refusal to consent to the integrative and complementary procedure should not affect your right to future care or treatment.

I (we) voluntarily request Dr. Julie Reardon or, under Dr. Julie Reardon's supervision, delegated Nurse Practitioner Theresa Hernandez to treat my health condition which has been explained to me as a desire for improved health using a holistic approach: addressing mind, body and spirit.

I (we) understand that the following integrative and complementary procedure(s) is planned for me and I (we) voluntarily consent and authorize these procedures: active listening with nutritional, supplemental, relaxation, exercise and sleep hygiene recommendations based upon my personal story and medical history and specific laboratory studies that may be ordered.

- I (we) understand that no warranty or guarantee has been made to me as to result of care.
- I (we) realize that just as there may be risks and hazards in continuing my present condition without conventional medical treatment, there are also risks and hazards related to the performance of the integrative and complementary procedure(s) planned for me.
- I (we) have been given an opportunity to ask questions about my condition, conventional treatment, integrative and complementary treatment, alternative forms of treatment, risks of treatment, risks of non-treatment, procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.
- I (we) certify this form has been fully explained to me, that I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.

Name Of Physician Explaining Procedure: Julie Reardon MD or delegate Nurse Practitioner Theresa Hernandez under her supervision

Name Of Person Providing Materials: same

(NOTE: The Texas State Board of Medical Examiners ("Medical Board") adopts this form which may be used by a physician on a voluntary basis to inform a patient, or person authorized to consent for the patient, of the possible risks and hazards involved in the integrative and complementary medical treatment named in the form. The Medical Board recognizes that patients have a right to seek integrative and complementary therapies. However, the use of this form shall not be construed as an endorsement by the Medical Board to practice integrative and complementary medicine and shall not pardon or absolve physicians from disciplinary action that may be taken by the Board.)



Practice Policies

Privacy Statement

If you have questions about privacy or how we use your data, please review our HIPAA Consent Form. Lake Travis Integrative Medicine respects your privacy and will only release information required to further your treatment, assist you in obtaining payment, managing our own internal operations, comply with legal or insurance regulations, or specifically authorized by you.

Communications Security

Secure information/records may be shared via fax. These are submitted directly into Dr. Reardon's electronic medical records platform.

Lake Travis Integrative Medicine does NOT have secure encryption for regular email. Please do not email any private information. See instructions below for emailing through our secure encrypted On Patient electronic medical record.

Patient Communications

All email communications should be submitted via the OnPatient portal. This is the preferred and fastest way to communicate with us.

You may also leave routine messages for our practitioners on our office telephone 512-850-6963. We return phone calls during our regular business hours within 1-2 work days.

If you have an emergency, you should seek immediate help by calling 911 or going to the nearest emergency room. We do not practice acute care and do not have 24-hour coverage. During acute illness, please go to urgent care or an ER to be treated.

Please stay subscribed to our newsletter for notifications about hours and holiday closures.

Permission to Leave Voicemail Messages

The staff of Lake Travis Integrative Medicine has your permission to leave confidential voicemail messages & text messages on the number listed as your primary number in your medical chat. Please ensure that the number you list as your primary number is appropriate for confidential messages or alert our staff of your wishes otherwise.



Prescribing Policies & Continuity of Care

Texas Law requires that our practitioners see patients on a regular basis in order to prescribe medications. Our office policy is that all patients requesting refills must have been seen in the office within the past six months.

In addition, we require patients to be seen on a regular basis to ensure the highest quality of care. Dr. Julie needs to see you in the office at least once annually. Patients who have not been seen in two years or more will require a new patient visit to re-establish care.

Supplements

It is important to us that our patients understand that they are under no obligation to purchase nutritional supplements from us. Sourcing high quality supplements for our patients and offering them in the office is a service we offer simply as a convenience to our patients, and they are available to patients only by choice.

Whether supplements are purchased in our office or elsewhere, supplements recommended by our practitioners may consist of vitamins, minerals, amino acids, or herbs and botanicals. These are considered nutritional support and are not intended for treatment of a sickness or disease.

Supplements may not have been reviewed or approved by the US Food and Drug Admin (FDA) or Texas Department of Health (TDH). I also understand that my practitioner may make possible recommendations for dietary supplements based on her understanding of the nutritional, botanical and related scientific literature but that in many areas, the state of this scientific knowledge is incomplete and may be subject to future development, review and possible professional disagreement.

By signing this form, you agree not to hold Lake Travis Integrative Medicine accountable for any claim or responsibility for the results or lack thereof related to taking the above-mentioned supplement products.

Financial Responsibility

We require 48 hours' notice for a changed or canceled appointment due to the generous amount of time allotted per visit. Last minute cancellation fees are equal to the charge for the visit. We reserve the right to charge your credit card on file for late cancellations or no-show appointments.



Since Lake Travis Integrative Medicine does not participate in any insurance plans your signature on this form indicates you understand and agree that we do not take assignment. This means that payment will be required at the time of each visit.

Rates

Current rates are posted on our website at all times and are subject to change.

Payment is due at the time of service via cash, check, or credit card. Patients are required to keep a valid credit card on file. In order to focus our energy on improving your health and well-being we do not contract with any insurance carriers or Medicare. Medicare patients can see her under private contract; however, Medicare will not reimburse for these visits.

Medicare Patients

Lake Travis Integrative Medicine has opted out as a Medicare provider and does not accept Medicare payment. If you are a Medicare patient and you choose to see us and pay out of pocket, you will not be able to submit charges for reimbursement.

Medical Management Service

There are times when a patient request is not appropriate for a quick patient portal response, such as reviewing recommendations from a specialist or making a referral for an issue we don't often address. This can also include refills for certain medications and new prescriptions. In these cases, we charge a small fee to cover the practitioner's time. Patients will be notified in advance & given the option to make an appointment.

Insurance

If you choose to involve a health insurance company in your care, you assume all responsibility for submitting your own insurance forms. You will be provided with a receipt in order to file a claim with your insurance company if you choose. Most insurance companies have an out-of-network benefit. You may or may not be reimbursed, depending on the benefit package of your insurance plan, although the amount of reimbursement depends upon the specifics of your policy.

Please note if you do provide our superbills to your insurance company for reimbursement of out of network expenses, the company is entitled to request your complete medical records from us.

Labs



Lake Travis Integrative Medicine is considered an "out of network provider" by insurance. Some lab testing may be covered by insurance but is not guaranteed. When possible, we will work to order labs using your insurance. Some labs may be ordered directly through our office at discounted rates. Note: Most specialty labs - such as genomic and microbiome testing - are not covered by insurance at this time.

The normal rate of scheduling for testing is no more than two laboratory's tests per visit. While we respect some patients' preference to schedule all of their specialty testing at once, more than two tests ordered will require additional follow-up appointments for review. Please discuss this with our staff if you have any questions about follow-up scheduling for lab reviews.

Wellness Services Acknowledgement

Patients who participate in Group Visits, Mind Body Medicine, Wellness Coaching, and other ancillary medical and wellness services do not necessarily create a doctor-patient relationship with Julie Reardon, MD. Specifically, Wellness Services-only patients are not eligible for Medication Management services without having seen the physician or nurse practitioner in a private visit.

Complaints

Please bring any complaints or concerns about your care to Dr. Reardon's personal attention.

Medical Records Release Authorization

By signing below, you authorize us to release your medical information to any physician or health practitioner to whom you are being referred for care, and to any insurance companies or managed care programs you authorize upon their specific request.

Treatment Authorization

By signing below, you are authorizing Julie Reardon M.D. or her delegated practitioners to provide medical and health care treatment for yourself and/or your minor child.

Acknowledgement

I hereby acknowledge that I have read the above Practice Policies for Julie Reardon, MD, PLLC DBA Lake Travis Integrative Medicine and agree with these important information and guidelines. I have received a copy for my own records.



Patient Name

Signature

Date