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New Patient Office Policy Form

Currently most insurance companies are not allowing Naturopathic Physicians, NDs, on their list of network physicians in Arizona – although there are some companies who are offering some levels of coverage, so please verify with your insurance company as to what they are willing to cover. Due to this AIMS is a cash-based practice. As a result, payment in full is expected at the time of all services. Many patients, however, send in our Service Summary (Superbill) to their insurance and do get reimbursed. If you are interested in this option, please make the office manager aware and we can arrange to have those forms provided to you after your visit. Also, Health Savings Accounts and Flexible Spending Accounts debit cards are able to be used to cover visit costs and may also be used to cover supplements prescribed by your physician as well. Insurance companies will still cover lab tests (LabCorp and Sonora Quest), except Medicare, Medicaid and AHCCCS – those lab services are not covered at all for Dr. Morstein.

Many insurance companies require a “Pre-Authorization” on the medication prescriptions that may be called in to your pharmacy for you. Patients may request AIMS to fill out HSA/FSA Medical Necessity form or any other forms that may be required from your insurance company. Since we have a small office, this requires Dr. Morstein’s dedicated time and undivided attention to fill out. As a result, there is a charge of \$25-\$50, depending on time spent and amount of detail needed for each form. You can verify with the Office Manager about the specifics of those costs and which one will be charged to you.

As for medical records requests that are requested by either the patient or an entity (insurance companies, hospitals, medical offices, etc.), there is a 24-72 hour turn around window for these requests, so please keep that in mind at the time of the request. If the records are needed in 24 hours or less, they will be deemed as **STAT** and there will be a \$50 charge for them due before receipt of the records.

Each patient reserves the right to select his/her method of payment, whether that is credit/ debit card (Mastercard, Visa, Discover – we currently CAN NOT except American Express), Health Savings (HSA) or Flexible Spending Account (FSA), check or cash. If you choose to have a credit card on file, AIMS reserves the right to charge the card on file for the full balance when receiving the patient’s verbal or written authorization, or if 72 hours have passed after the last appointment and all attempts to contact the patient (email and phone) have been unsuccessful. A receipt will always be sent to the patient’s current email on file immediately after any transactions.

An additional \$25 will be added to the balance due to cover banking costs if a check is returned due to insufficient funds. The patient will be notified via telephone or email of NSF and be granted 24 hours to rectify the payment arrangements. If no payment is made, and no contact with AIMS has been attempted within three months, there is a risk of the balance owed being reported and sent into collections. Please work with AIMS if that happens to prevent any collections situations – we can be very flexible.

No Show/Cancellation Policy

Our **No-Show** Policy is as follows: *all appointment no shows (an appointment absence with no prior contact notifying of us of the absence) will be charged a no-show fee of \$25, unless due to an emergency or other understandable situation.* There are many acceptable reasons a person may not be able to show up and we suggest calling AIMS ASAP and speaking to the office to prevent being charged the fee. New patient appointment no shows will need to reschedule using a valid credit card and agreeing that if a second consecutive no show occurs, **the full office visit cost will be charged, and no refund will be given!**

Our **Cancellation** Policy is as follows: *all appointments cancelled with less than 48 hours remaining prior to treatment are subject to a non-refundable \$25.00 fee at our discretion.* In the event of any dispute we promise to make every accommodation to resolve this matter in a way that is favorable to our patients and our physicians. There are many acceptable reasons a person may not be able to show up and we suggest calling AIMS ASAP and speaking to the office to prevent being charged the fee.

In Office Blood Draws

AIMS is currently affiliated and have accounts with **LabCorp** and **Sonora Quest**. AIMS requires each patient to know specifically which lab is covered by their insurance (prior to the date of the draw); the patient may need to call their insurance provider to find that out. By default, AIMS will run lab work through their insurance or if the patient chooses, AIMS is set up with very low-cost option through LabCorp. If the patient wishes to pay out of pocket for blood work using that option, AIMS will charge the patient the low-cost physician price at the time of the visit and no insurance information will be needed. For blood work without insurance and using the physician pricing an extra \$12 is charged for a draw fee.

AIMS CANNOT DRAW BLOOD FOR MEDICARE PATIENTS, unless the patient wishes to pay for the labs out of pocket! ALL MEDICARE PATIENTS PLEASE UNDERSTAND that at no time, at any lab, can they run any labs from using an AIMS requisition form through MEDICARE. All such patients will receive a large lab bill as a result and will be financially responsible for that balance with the lab.

Email Medicine

Dr. Morstein does and will **NOT** engage in continuous email medicine, that is, she will not give treatment recommendations in general via email exchanges (more than a couple). An exception is if a simple clarifying question is asked is about a recent treatment sheet. **If you experience any new condition, signs, symptoms, or have more than one question that will take more than a simple email to answer then an appointment is required - either via office, phone or Zoom video conference.**

Phone Messages

Please be aware that AIMS has an excellent patient service system in place. Therefore, please leave only one voicemail when you call (more details are in the voicemails message). Please do not call several times for the same concern. We will do our best to get back to you that day, grant it a very busy day may delay that.

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information (PHI) may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice.

Following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, billing or transcription services, and conducting or arranging for other business activities.

Public Health: We may disclose your protected health information to a public health authority when it is permitted by law to collect or receive the information.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child/senior abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to an organization (Ex. FDA), or company to report adverse events, product defects or problems.

Legal Proceedings: We may disclose protected health information in the course of any legal, judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such

disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

Research: We may disclose your protected health information to researchers, when you agree to be in the study, when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Others Involved in Your Health Care or Payment for your Care: Upon your authorization, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment

You will be immediately notified if there is an AIMS breach of your PHI.

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

You may have the right to have your physician amend your protected health information.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

CONCERNS

You may contact Dr. Mona Morstein at **AIMS, PLLC** at 480-284-8155 for further information about the complaint process.

Please sign the below if you are comfortable and willing with AIMS having an email relationship with you knowing that our AIMS email server is not encrypted. If you do not sign please be aware AIMS cannot send emails to your email account. Emails are used for general communication, to send payment receipts, for exchanging health information, for contact after hours, and for a receiving newsletter (from which you can unsubscribe). **Federal Law allows that if a patient first sends an email to a physician, the physician has a legal right to answer, even if the email is not encrypted.**

By signing the below, you are also acknowledging that you have received and understood the Patient, Financial, Cancellation, Privacy, HIPAA and Rights, and Complaint Policies of AIMS. You are also agreeing AIMS can send you emails.

It is okay for AIMS to send and receive emails

I have received and understand this policy

Name (Printed): _____

Name (Signature): _____

Date: _____