

PATIENT/PROVIDER AGREEMENT

Dr. Samantha Durland and the staff of SIMPLE strive to offer comprehensive, quality care to all of our patients. We are making a commitment to work with you in your efforts to better your health. To help you in achieving your best self, it is our priority to do the following:

- Run our schedules on time
- Respond to all of your questions in a timely fashion
- To treat you with respect
- To offer a transparent process that is easy to understand and navigate
- Keep treatments, discussion and records private

We ask that you, as the patient, do your best to:

- Ask questions, share your feelings and be part of your healing process
- Be honest about your history, symptoms and other important information about your health
- Value our time and other patients by coming to your appointment with your questions prepared
- Ask your pharmacy to FAX requests for prescription refills
- Treat all of our staff with respect
- Be responsible for your scheduled visits. Plan ahead and reschedule visits in advance whenever possible

PAYMENT FOR SERVICES

SIMPLE is not a contracting or participating provider with **ANY** insurance companies. Commercial insurance only covers westernized care and we consider all options of therapy to effectively treat our patients. Our practice is strictly fee for service and **payment must be made in full at the time of service**. We accept all major credits cards including Care Credit, cash or checks. SIMPLE representatives can only estimate potential costs and cannot guarantee any final costs until all procedures have been performed and accurately documented. All documentation is reviewed by SIMPLE coders and billers. After review of medical documentation, the patient may receive a statement for additional expenses. Insurance cards will be collected solely for the purposes of forwarding to our laboratories. The laboratories will bill your insurance for their fees.

SERVICE COSTS

Our fee schedule is SIMPLE!

- \$200 for all NEW patients. This includes a nurse intake visit to start, this is to help us get to know more about you and for you to know about what all we do and have to offer.
- \$150 for annual wellness visits. (For women this includes your annual Pap, pelvis and breast exam). Any labs will be billed to insurance directly from the laboratory.
- \$125 for any other visits i.e.: problems, lab reviews.

A full price list is available upon request but the majority of our charges are listed above. Any lab work will always be billed to your insurance by the lab performing the testing. We also have a list of “cash pay” labs that we offer. Due to high deductibles it is often more cost effective to pay cash as opposed to billing your insurance company.

RETURNED CHECKS

Our returned check fee is \$30.00. Any patient that has a returned check will be required to pay with cash or a credit card for any future payments. Failure to repay the check and the returned check fee may result in collection proceedings or dismissal as a patient from SIMPLE.

COLLECTION PROCESS

Patient balances that remain unpaid after 90 days will be subject to an in-house review. If at that time payment arrangements have not been established, the patient will receive a letter from SIMPLE notifying them that they must pay their balance in full or their account will be forwarded to an outside collection agency. At that time, a collection processing fee equal to 30% of the account balance will be added to their account. Patients will not be allowed to schedule further appointments, receive medication refills or seek medical advice of any kind from SIMPLE while their account is in the collection process. In the event their account is sent to an outside collection agency, (1) the account may accrue additional interest charges from the collection agency and (2) the patient understands that they will be obligated to pay for any reasonable attorney fees and court costs should the collection proceeding advance to litigation.

DISABILITY-INSURANCE-FMLA-EMPLOYMENT FORMS

SIMPLE will prepare necessary forms supplied by the patient that are required by insurance companies or employers. These forms are often quite lengthy and cannot be completed quickly. SIMPLE requests that the patient leave the forms at our office with all information that the patient can provide already filled in. SIMPLE staff will then complete the form within ten (10) working days. SIMPLE may charge a fee of \$30, payment of the fee must be made before forms are picked up or sent out by fax.

MISSED APPOINTMENTS

SIMPLE may, but is not required to, notify the patient of upcoming appointments. This is a courtesy and the patient must understand that they are ultimately responsible to keep their appointment. A fee of \$50 may be charged for a missed appointment. To avoid a missed appointment fee, please notify our office by 9am the day of your appointment.

MEDICAL RECORDS RELEASES

SIMPLE will only release medical records when a valid, HIPAA compliant authorization or a court ordered subpoena is received. Due to increasing cost of office supplies, equipment, postage and manpower SIMPLE will assess appropriate fees for copying and mailing. Fees will be charged in accordance with Kansas Statute 45 CFR 164.524(c). The minimum is \$5 and the maximum is \$30.

TREATMENT OF MINORS

Parents/Guardians of a patient under the age of 18 are responsible for payment of services. Once the patient reaches the age of 18 they become financially responsible for any charges incurred after their 18th birthday.

DISCHARGE OF A PATIENT

SIMPLE has the right to terminate a patient from our practice at any time for various reasons, including but not limited to, failure to abide by SIMPLE financial policies, non-compliance with a recommended treatment plan, drug seeking activity, abuse (both verbal and physical) of SIMPLE health care providers, staff or other patients. When a patient is terminated the patient’s medical records will be transferred to their choice of physician or health care facility. Once the patient is discharged from SIMPLE, the patient will not be allowed to return to the practice in the future.

Thank you for choosing SIMPLE Healthcare to be a part of your healthcare journey and we promise to do our best to help you achieve your goals. We have partnered with The Jayhawk Club to help with implementing many components of our program. There is no obligation to join the wellness facility that we partner with in any way.

Print Patient Name _____ DOB _____

Patient Signature _____ Date _____

If the patient is a minor (under the age of 18)

Print Responsible Party Name _____

Responsible Party Signature _____ Date _____

Relationship to Patient _____