

Client Financial Policy

As a new client of mine (Mary Beatty, FNP-C), I wish to keep you informed of my financial policy and ask that you read and understand this form. Please sign and return this form along with your Health History form to Circle of Life prior to your scheduled appointment.

Office Visits: My fees are:

\$275. for the initial consultation, which typically takes 1 ½ - 2 hours.

\$175. for all follow-up visits that require reviewing labs and making recommendations or prescribing.

\$100. for brief, one-month progress checks, lasting 30-40 minutes.

\$75. for brief “check-in” visits of 15-20 minutes.

\$35. Professional fee will be charged for unplanned refill requests due to delayed testing.

Typically, the initial consultation takes the longest. We then meet again after all laboratory testing is completed and results are available. A short visit (either by phone or in person) is usually scheduled at the one-month point after starting treatment. Follow-up labs and a follow-up visit is required at the 3 month point, to be sure dosages are correct and that appropriate progress is being made to alleviate symptoms. After this initial 3 month period, I typically see clients on an ongoing basis every 6 months.

The table below outlines a typical time commitment schedule for hormone balancing. The time commitment could be less for treatment of other conditions.

<p>Initial Consultation Typically, approximately 1 ½ - 2 hours. This session consists of:</p> <ul style="list-style-type: none"> • Listening to your story, concerns and wishes • Reviewing your Health History and provided handouts • Formulating initial goals regarding our work together • Explaining and implementing testing options 	<p>1 month after beginning treatment: Typically, a short 30 – 40 minute visit will be scheduled to review progress and address potential concerns. Clients are given the option to follow-up by phone (not covered by insurance) or in person.</p>
<p>Follow-up Visit: Typically, 1-1 ½ hours depending on concerns that need addressing and need . This session consists of:</p> <ul style="list-style-type: none"> • A brief physical evaluation • An assessment of progress/concerns since last visit • A review of completed laboratory reports • A thorough discussion of treatment alternatives • Revising and updating a working plan of care, based on laboratory reports/changing goals 	<p>3 month labs and follow-up: Typically, 1- 1 ½ hours. I will call you to arrange retesting of levels that required correction (in other words, to retest those areas that require hormone and/or thyroid balancing). We will meet when the labs are ready. This meeting will consist of:</p> <ul style="list-style-type: none"> • Discussing progress regarding physical/emotional symptoms • Discussing lab results • Brief physical exam, as necessary • Discussing treatment changes/revisions as necessary • Revising and updating our working plan of care, based on laboratory reports/changing goals

Laboratory Testing and Retesting: When prescribing bio-identical (natural) hormones, thyroid medication or supplements to treat certain conditions, it is necessary to determine baseline levels at the beginning of treatment. This may involve testing with blood, saliva or urine as determined appropriate. Levels must then be monitored as treatment continues. I believe in using laboratory values, as well as considering symptoms to determine the success of treatment. There are several options for testing, including use of local clinic laboratories or independent labs. Costs vary, depending on tests recommended and your insurance coverage. This will be explained in detail at your first visit.



Mary Beatty-Roloff
MSN, FNP-C | Nurse Practitioner

Insurance Claims: YOUR MEDICAL INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE CARRIER. CIRCLE OF LIFE HEALING ARTS, LLC IS NOT A PARTY IN YOUR INSURANCE CONTRACT. We will not be able to submit claims directly to your insurance company. We will, however, provide you with documentation of your visit that you may personally choose to submit for reimbursement. Your coverage and responsibilities are determined by your policy and you are responsible for understanding and following the required procedures. We will be considered an “Out of Network Provider” for you, and your health insurance will generally cover your care at a lesser rate than if you were seeking care from an “In Plan” or “Participating Provider.” There may also be a different deductible to meet when seeking care from an “Out of Network Provider.” **It is your responsibility to contact your insurance company with any questions.**

At this time, you are asked to pay for your visit in full at time of service. If you cannot pay for your visit at the time of your appointment, it may be rescheduled. Circle of Life Healing Arts accepts cash, check, money order and all major credit/debit/HSA cards.

Financial Hardship Policy: Upon request, due to financial hardship, the payment for your visit may be split into two equal payments, **half due at the time of service and the other half due 30 days later.** This option is available only if you agree to pay using a credit card and you agree that we may bill the remaining balance to your credit card 30 days after your visit.

Outstanding Balance Policy: You are responsible for all charges, including co-insurance, amounts over usual and customary, deductibles or non-covered services. Since your insurance company will be reimbursing you directly, we will not be receiving a notice of payment indicating what the insurance company has paid. Regardless of reimbursement from your insurance company, the balance of your account must be **paid in full within 30 days.**

Visit Cancellation Policy: If you need to change your appointment time, we ask that you give 24 hours notice. If you cancel your appointment with less than 24 hours notice, you may be billed for all, or a portion of the visit, depending on the circumstance.

This financial policy helps the clinic to provide quality care to my clients. If you have any questions or need clarification of any of the above policies, please feel free to contact me.

Please sign below to acknowledge that you have read the above information, accept all terms and conditions and have retained a copy of this information. Thank you.

Patient Name

Today's Date