



OFFICE POLICIES AND AUTHORIZATIONS

The Center for Health and Restoration, Inc.
200 Forsythe Street / P. O. Box 87905
Fayetteville, NC 28303 / 28304
Office: (910) 485-0700
Fax: (910) 483-9572
Contact@HealthandRestoration.com

1. Our office is an out-of-network fee-for-service provider; therefore, we do not accept HMO insurance plans. Patients are responsible for payment in full for services rendered to them. Non-HMO insurance companies with “out-of-network benefits” usually cover a portion of the office visit and laboratory testing charges. Each insurance company has different policies, therefore, reimbursement is not guaranteed. You are responsible for all bills even if your insurance company doesn’t pay.
2. As a courtesy, we will file claims for patients with selected private insurance companies if out-of-network benefits are available and apply it towards your payment. Payment is due at the time of service, to include the office visit and the anticipated out-of-pocket cost for laboratory testing minus your estimated out-of-network benefits. Methods of payment include cash, check and major credit cards. In the event that your insurance company does not pay for any reason you are responsible for the bill in full.
3. We are not able to file claims for Medicare or Tricare patients, nor can we provide HCFA forms for you to file. Office visits are cash only. Lab testing for Medicare and Tricare patients will have claims filed via the testing facility.
4. In the event that insurance checks are inadvertently sent to you, they must be forwarded to the office immediately or you may pay the office directly for the insurance payments received by you. If not forwarded within one month of receipt, we reserve the right to charge your credit card.
5. There is a **cancellation fee** for patients who do not cancel their appointment prior to a full 48 hours. **As a safeguard, please email your cancellation in writing to avoid any confusion regarding the cancellation deadline.** If you fail to do so, your credit card will be charged for the missed appointment on the day of the appointment. **For new patient appointments, the cancellation fee is \$250.00. You will be billed according to our office fee schedule for the missed appointment.** Please call as soon as possible to let us know if you cannot keep your appointment. In order to provide better service to our patients we do not overbook to compensate for no shows therefore we must bill for missed appointments. If we are able to fill the appointment slot with another patient the cancellation fee may be waived.
6. If you are late for an appointment you will be seen for the remainder of your appointment time only in order to avoid delays for other patients.
7. If you go over your scheduled appointment time you will be charged for the additional time spent with the doctor. Please be sure to review our office fee schedule.

8. There is a cost for copying medical records plus postage. In accordance with Title 45, Section 164.524© of the Code of Federal Regulations, there is a cost related to medical records retrieval, certification and copying. You must sign our medical release form and pay the copying fees before records are sent out. Medical records are sent out within 3 weeks of a completed request. All outstanding bills must be paid in full before medical records sent out.
9. Prescription refill request should be done during appointment times or on-line only. **Prescription refills** are called in within 48 hours of their request. Patients who have not been seen recently may be required to come in for an office visit before a prescription is called in. A fee of \$5.00 for prescriptions requested over the phone or needed prior to 48 hours may apply.
10. Insurance companies may not cover prescriptions called in to the compounding pharmacy; therefore the compounding pharmacy will call you directly for a method of payment prior to shipping it to you.
11. All lab results are reviewed and discussed during appointment times. Results can only be given over the phone during a phone consultation with the doctor. The charge for the phone consult will depend on the amount of time required for the consult.
12. Medical questions should be addressed during appointment times. Our staff may handle brief questions but in-depth questions will require an appointment with the doctor.
13. The doctors are available for phone consultations for the convenience of our patients who live out of town or have schedules which do not permit them to come in for office visits. If you request to speak with the doctor by phone for any reason your account will be billed accordingly. Please allow our staff to handle simple questions and request, to avoid a physician's fee. **You will be billed for all phone calls or emails that require time from the physician according to our fee schedule.**
14. **All services and product sales are final.** Patients are responsible for payments for services and labs performed. No refund will be given once a service has been provided or lab test has been performed. There are no refunds on products sold in our office for any reason. Please do not ask the staff or doctor for refunds once you have purchased a product.
15. Patients who show up for unscheduled appointments to speak with the doctor will be billed according to our fee schedule if the doctor is available. You will be billed for the amount of time that you speak with the physicians even if you do not have an appointment. Please be considerate of other patients who have appointments so that the office can run smoothly and efficiently and schedule an appointment.

16. We require a credit card to be on file for patients in the event that products, lab kits, etc. have to be sent out to patients, and for appointment and cancellation fees. Patients who request credit card **charge backs** for any reason will be billed **\$150.00 per charge back** in addition to the original charges for services provided by our office. All fees are due at the time of services. Patients are responsible for all fees incurred by The Center for Health and Restoration for collections. Credit card charge backs will be immediately turned over for collections at the expense of the patient. In the event insurance payments due this office are not forwarded to us within one month of your receiving these funds, your credit card may be charged.
17. We do not provide disability forms for patients who desire disability coverage. Your primary care physicians must complete these forms.
18. Our office specializes in bio-identical hormone replacement and anti-aging medicine. **We do not assume the responsibility for treatment of major medical illnesses that you are currently being treated for by your primary physicians.** Please continue treatment with your primary care physician or OB/GYN for routine medical problems.
19. Patients please call the office before coming to the office to pick up supplements, tests, etc., to avoid delaying appointments for patients on the schedule for that day and to allow us to prepare for your needs. Please be patient with our staff until patients with appointments have been assisted.
20. We reserve the right to immediately discharge a patient from our practice if a patient is abusive to the staff or refuses to honor our office policy.
21. Our office policy is designed to provide structure for our office so that we provide good consumer service and ensure that all patients receive the same quality service and treatment. We strive to make your experience a good one and welcome your helpful feedback.
22. If you are dissatisfied for any reason, please alert our office and we will make every effort to correct the problem and accommodate your needs.

Thank you for choosing The Center for Health and Restoration to provide your medical needs. Your business is greatly appreciated.

By signing below you acknowledge that you have read this document and agree to abide by our office policies and fee schedule. Please initial each section of the office policy.

Patient's Name (Please Print)

Patient's Signature

Date

Patient Initials: _____

INSURANCE BILLING AUTHORIZATION

I authorize The Center for Health and Restoration, Inc. to bill my insurance company on my behalf and to release medical information needed to process the insurance claim. I also authorize the insurance company to pay The Center for Health and Restoration directly for services rendered. In the event that the insurance payment is sent to me and not forwarded to The Center for Health and Restoration, I authorize The Center for Health and Restoration to charge my credit card on file for the amount paid to me.

Date: _____

Insurance Company: _____

Insurance Co. Address: _____

Patient's
Name: _____

Patient's Date of Birth (Month/Day/Year) _____

Subscriber's Name: _____

Relationship to Patient: Self _____ Spouse _____ Parent _____

Subscriber's Date of Birth (Month/Day/Year): _____

Subscriber's SSN: _____

Policy Number: _____

Group Number: _____

Member ID: _____

If patient is a minor, I authorize The Center for Health and Restoration, Inc. to provide medical care for the patient and to bill my insurance company for services rendered to the patient on my behalf.

Patient / Guardian Signature: _____

OFFICE FEE SCHEDULE

The office fee schedule is a listing of estimated minimum out-of-pocket payments for medical services allowed by out-of-network insurance benefits.

New Patient

Bioidentical Hormone Replacement Therapy: Minimum 1 hour out-of-pocket cost - \$250.00, plus the estimated out-of-network insurance benefits for testing.

Minimum New Patient Medical Visits:

1 hour visit- \$250.00
1 ½ hour visit- \$360.00
2 hour visit- \$560.00

Minimum Medical Office Visits: Follow-up

15 minute visit- \$125.00
30 minute visit \$ 160.00
45 minute - \$180.00
1 hour follow-up visit - \$250.00
1 ½ hours- \$360.00
2 hours- \$420.00

Laboratory Testing Charges:

Laboratory test costs are not included in the office visit charges. Insurance claims for these charges are filed as a courtesy using the recommended prices by the testing facility. Depending on the number of recommended tests, a testing deposit ranging from \$130 to \$500 may be required.

Appointment Duration, Cancellation, and No-shows

Follow-up appointments are scheduled on an hourly basis. If your visit extends past your appointment time you will be billed accordingly. Established patients may require less time and may be scheduled for a 30-minute appointment. Appointment cancellation fee (less than 48 hours) and no-show charges are based on the fee schedule. (See page 1 of this Office Policy)

Phone Consults

Based on time. Patient is billed for time on the phone, time needed by physician before phone consult to review lab results and medical records charting after the consult according to our fee scale.

The Physicians bill for all phone calls made to patients.

Please be sure to allow our staff to answer your questions first before requesting to speak with the physicians to avoid needless fees. If our staff is unable to help you, an office visit or a phone consult will be scheduled.

Patient Signature: _____