

# Harmony Health Studio

2971 E. Copper Point Dr. Suite 125

Meridian, ID 83642

(T) 208-295-4417 (F) 208-856-1293

Dr. Mindy LeRoy, DNP, FNP-C

## Practice Policies & Consent for Care

We believe in providing premier, personalized care. Because of the increasing burdens insurance companies place on independent doctors, unfortunately, we do not bill your insurance directly. This allows us to focus our resources on tending to the needs of our patients.

**Insured Patients: We do not contract with insurance companies including Medicare and Medicaid plans.** If you have commercial insurance and out-of-network benefits, we can provide a “superbill” of charges for you to submit to your insurance company for reimbursement. Our office does not submit bills to insurance companies or coordinate insurance reimbursement on behalf of patients. Patients are responsible for contacting their insurance companies and knowing their benefits.

**If you do not show up for your appointment, cancel or reschedule less than 24hrs of your appointment time** your credit card on file will be charged \$50. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for an appointment, you may lose some of the allotted time for that appointment.

**Paperwork:** New patient paperwork must be COMPLETELY filled out and returned **AT LEAST 24 HRS. PRIOR TO YOUR APPOINTMENT.** This gives the provider adequate time to review your health information and make your appointment as efficient as possible. If the paperwork is not received on time, or is turned in incomplete, you will need to complete it in our clinic by iPad, or by paper, and we will have to reschedule your appointment. This will generate a late fee of \$50. If you do not want to complete the new patient paperwork electronically, you may stop by the clinic and we will provide you with a paper copy for you to fill out and return prior to your appointment.

**Electronic Communication and Telemedicine:** We do not provide medical care, advice, or anything requiring medical decision making by a provider via email, text or social media platforms. We offer Telemedicine visits if coming into the clinic is not an option. Face-to-face video visits are highly preferable to phone visits. However, if you are out of town, sick or need additional support, phone sessions are available.

**Medication Refills:** Refills are granted at the time of your office visit and not in between visits. **PLEASE DO NOT** have your pharmacist call the office asking for a refill. We prescribe enough medication to last until your next office visit. When you are running low on your medication it is a reminder that you are due for an office visit.

**Prior Authorization (PA):** Your medical insurance company may delay payment coverage for your medication and require a PA to be completed by your provider. This is a tactic your insurance company uses to save money with medications that are costly. In the event where you are prescribed a medication that requires a PA from your insurance, the provider may prescribe a medication that does not require a PA, you may pay cash for your medication, or your provider will fill out and submit a PA to your insurance for a \$40 fee minimum. The fee depends on your insurance requirements.

**Controlled Substances:** Our providers at Harmony Health Studio do not prescribe the following controlled substances; opioids (Morphine, Oxycodone, hydrocodone etc.), benzodiazepines (Xanax, Ativan, Valium, etc.).

**Lab Work:** We offer laboratory testing at competitive rates (no insurance) and have a fantastic phlebotomist on site to draw your blood. If you choose to use your insurance to pay for labs, we will provide you with a lab

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slip to take to an outside lab. It is then your responsibility to provide the lab your insurance information for billing, to know your insurance benefits, and pay the lab any residual balance. Labs drawn outside our facility is between you, your insurance and the lab.

**Hospitalization:** We do not provide inpatient hospital care. If you become hospitalized, the hospital will assign a physician to care for you during your hospitalization.

**Emergency, Urgent Care and On-call Services:** Our facility is not designed for emergency or urgent situations. If you have an emergency or urgent need, please call 911 or go to the nearest emergency room or urgent care facility if appropriate. We do not provide on-call service. You may leave a message and we will return your call on our next business day.

**Medical Appointment Fees: cash, credit/debit, or HSA.**

- New patient (45-60 minutes) = \$175
- Follow-up (15-30 minutes) = \$89
- Medication Prior Authorizations = \$40 minimum (see above)

We reserve the right to change the fee schedule at any time. An updated office policy and fee schedule is located on our webpage, [www.harmonyhealthstudio.com](http://www.harmonyhealthstudio.com).

**Termination:** We can terminate treatment with you at any time. We will not terminate the medical relationship with you without first discussing and exploring the reasons and purpose of terminating. If treatment is terminated for any reason, we will provide you with a list of qualified providers to continue your care. You may also choose someone on your own or from another referral source. Should you fail to not show up for your follow up appointments, not obtain lab work in a timely fashion or are non-compliant with treatment, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

## CONSENT FOR TREATMENT

By signing below, I am agreeing that I have read, understood and agree to the items contained in this document and I am requesting Harmony Health Studio to provide health care related treatment, services and consultation to the below named patient, and that I may refuse treatment or services at any time. I understand Harmony Health Studio does not guarantee any outcome for any services or treatments, either stated or implied.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_