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# Patient Guide

Welcome to the Remedy Health, PC. We are excited to be your partner and guide in your journey back to health.

Remedy Health is dedicated to providing a first-class patient experience with the highest level of functional and integrative medical care. We view our relationship with you as collaborative, and want you to play an active role in your healing process. We value your experience and opinions, and invite you to share them with us during your care. We will also make every effort to educate you about your treatment, and the specific recommendations we are making, at each step in the process.

Please read the material below to familiarize yourself with our policies and procedures, and initial and sign where indicated. If you have any questions, please don't hesitate to contact us at 402.292.6006 or submit a message through the electronic health record (EHR). We want to make this process as painless and stress-free as possible for you.

## **Working With Remedy Health**

The first step in your work with Remedy Health is getting to know you, and your history. Please be open and honest about your medical history so that we can best help you. Please review and sign all necessary documents either in person in the office or via the EHR (preferred).

Please note that although we provide patients with the opportunity to purchase supplements through Remedy Health as a convenience, you are free to obtain them elsewhere if you wish. We do ask, however, that if you decide to buy them somewhere else, you purchase the specific brands that we recommend. This will ensure that you are receiving the full treatment that we have proposed.

## **Billing Policies**

Remedy Health files insurance claims as a courtesy (with the exception of the hormone pelleting procedure) but we accept no responsibility for doing so. Regardless of your insurance, you have full responsibility for the payment of your bill. It is also your responsibility to know and understand your in or out-of-network status, as well as copays, deductibles, co-insurance that may apply.

Co-payments, co-insurance, and deductible are due at time of service. Our contractual agreement with your insurance carrier prevents us from waiving your required copay, deductible, or coinsurance.



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The “patient balance” is due within 15 days of receipt of your invoice unless other arrangements are made. We will collect outstanding balances prior to each visit.

If you have no insurance, your fee for service will depend on the level of your visit. Please inquire for details or the pay at time of service discount.

A \$35.00 service charge will be assessed for returned checks.

Laboratory: if you have laboratory testing completed you may be billed separately by the lab that conducts the tests.

If you can not pay in-full at the time of your visit, please make arrangements prior to your visit. Payment plans are determined by the amount of the owed balance, and are subject to approval by Remedy Health.

Call to correct any billing errors promptly. If you ignore billing statements or phone calls, we assume that you do not intend to pay for the medical services that were provided in good faith and your account will be forwarded to a collection agency.

Personal injury - we will not be a party to any litigation suits filed for personal injuries. We require payment in full and any payment from litigation is to be sought by you for reimbursement. If you have medical payment coverage with the automobile insurance carrier, you must provide claim and contact information for that insurance carrier at the time of visit.

Work-related injuries - Prior authorization for care is the responsibility of the patient. If prior authorization is not obtained, you are responsible for full payment at the time of service. If your worker’s compensation carrier has not paid your account within 60 days of the date of service, the owed balance will become the responsibility of the patient.

No-show - if you miss your appointment without notifying the practice OR do not call to cancel or reschedule within 4 HOURS, you will be billed a \$25 service fee. We have appointment reminders that will decrease the likelihood of these scenarios.

## **Nature of Services Provided**

Please note that Remedy Health is a primary care office. We do have a receptionist on staff to answer the phone and we do return voicemail messages during specific hours each day. We do prefer the EHR as the primary method of communication.



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We do not handle emergencies and it may take us up to 72 hours to respond to your inquiry. If you are not comfortable with this, Remedy Health will probably not be a good fit for you.

**If you experience an emergency please call 911 or visit the nearest emergency room.**

## **Insurance Responsibility and Claims Management**

Remedy Health strongly recommends that all patients maintain health insurance coverage. Insurance reimbursements vary significantly as to health care services, and Remedy Health makes no representations as to what services may or may not be covered under any insurance or health plan, or by any government payer, such as Medicare or Medicaid. Remedy Health will reasonably assist the patient, when feasible, with documentation for submission for possible reimbursement.

## **Informed Consent**

### **Nature of Services**

Remedy Health services include medical care provided by medical professionals related health care and/or nutrition services, and treatments or procedures which may be provided by Nurse Practitioners or other health care professionals. Such services may include the prescription of an integrative program which includes conventional health care, nutritional therapies, functional medicine, naturopathic medicine as well as other elements of integrative medicine.

### **Place of Services**

Remedy Health is a medical corporation, organized and practicing under the laws of the State of Nebraska. Members of its clinical staff are licensed to practice their respective health care professions in Nebraska, and in no other jurisdictions, and practice only in Nebraska, pursuant to the laws, regulations and standards of practice of the State of Nebraska. Patients treated or serviced by telecommunication, or other electronic modality, are deemed to receive treatment or services in the State of Nebraska, and not in any other jurisdiction. Any disputes concerning the rendering of services will be subject to the laws, regulations and standards of practice of the State of Nebraska, and any suit against Remedy Health must be brought in Nebraska, pursuant to the Agreement for Arbitration between Remedy Health and its patient.

## **Risks, Benefits, and Alternatives of Treatment**

In general, integrative, functional and traditional medicine provide benefits that include relief of presenting symptoms and improved function that may lead to prevention, improvement or elimination of the presenting symptoms, though no particular outcome can be warranted or guaranteed. Like with any health treatment, such treatment is not without risk. Potential risks of treatment include allergic reactions, sensitivities, adverse effects from, or in response to, natural



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supplements or dietary measures, failure to improve or worsening of the patient's condition and

difficult adjustments to making lifestyle modifications. Other side effects and risks may occur. The patient agrees to inform Remedy Health clinical staff of all known factors which might affect treatment, including all medications, drugs, drug sensitivities and allergies, history of seizures, fits or fainting, presence of a pacemaker, bleeding disorder, use of anti-coagulants, damaged heart valves or occluded vessels, immune deficiencies or other special risk of infection, as well as any other significant factors. The patient further agrees to inform Remedy Health clinical staff of any disorder, or state of mind, that might affect the patient's capacity to make informed health decisions, and should any such impairment exist, patient will provide information regarding a surrogate decision maker.

An explanation of the risks, benefits and alternatives of any specific procedures or treatments, recommended or undertaken, will be provided to the patient at the time of such recommendation.

The patient agrees to bring to the attention of Remedy Health clinical staff any lack of understanding of such risks, benefits and alternatives, and inquire of staff for further explanation until patient has a full understanding before giving consent to any procedure or treatment.

The patient agrees to immediately inform Remedy Health clinical staff of any adverse effect of treatment noted, including any unanticipated pain or other negative sensation, unpleasant cognitive conditions, anxiety, depression or other negative emotions or any unpleasant taste or smell associated with the consumption of supplements or herbs. The patient will immediately notify the Remedy Health clinical staff in the event of pregnancy, as some treatments may be contraindicated in the event of pregnancy.

The undersigned patient agrees that he/she has read and understood the information contained in this Informed Consent, has inquired as to all aspects that were not understood, and consents to the care and treatment as outlined herein. In consideration of the services to be performed and products obtained, the undersigned patient agrees to be bound by the terms of this Informed Consent.

### **Controlled Substance Agreement**

I understand that treatment by the providers at Remedy Health may include medications for pain management, insomnia, anxiety, attention disorders and others. I understand that some of the medications may carry the risk of addiction. Since some medications do carry this risk, special care must be taken by the provider and the patient.



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For controlled substances, visits will be required every 1-6 months depending on the substance and based on provider discretion. This is required to document stability, effectiveness, and side effects of the medication.

Here is a list of some of the common medications, although not all-inclusive, which may require more frequent visits: Hydrocodone, lortab, norco, vicodin, Oxycodone, percocet, Oxycontin, methadone, nucynta, Clonazepam, alprazolam, lorazepam, Ambien, lunesta, sonata, Adderall, Concerta, Vyvanse

If you would like to know about a specific medication, please inquire at the office.

I understand that

1. Random urine drug screens will be obtained. If you are unable to leave a urine sample, we may obtain a saliva sample or a blood sample instead. A provider may obtain a drug screen at any visit based on his or her discretion.
2. You may be referred to a pain management specialist or psychiatry at provider discretion.
3. When you need a refill, please schedule an appointment.
4. Controlled substances will be taken only as prescribed. If you feel you need a dose or frequency change, an appointment is required.
5. There will be no early refills or replacements of lost prescriptions or medications. Federal law prohibits the writing of more than a certain number of pills per drug at a time. Providers and pharmacists are held accountable.
6. It is recommended that prescriptions be locked up when not in your possession. It is important they are kept away from children at all times.
7. There will be no attempts to alter prescriptions, sell medications, or obtain other controlled substances from any source other than Remedy Health (unless agreed upon by patient and provider) or treatment will end immediately.
8. Medications are part of the overall treatment plan. The patient should comply with non-medicine recommendations for treatment including chiropractic, physical therapy, injections, and others.
9. When there are no alternative to manage my condition, the patient will make regular attempts at reducing the dosage and/or developing an alternative approach to handle the medical condition.



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## Patient Acceptance

I have reviewed the preceding 5 pages, understand, and agree.

\_\_\_\_\_  
Printed Name of Patient or Representative

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date Executed

\_\_\_\_\_  
Street Address of Patient

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
City, State and Zip of Patient

\_\_\_\_\_  
Contact E-mail Address