

Dear Patients, Parents and Guardians,

Welcome to HealthSpan! We are honored to accompany you on your journey to better health and wellbeing. Please take a moment to read this document carefully, even if you have experienced a holistic and functional medicine practice like HealthSpan before. It describes what you should expect, which may be different from what you are used to. It also constitutes an agreement between the patient and HealthSpan that the patient, parent or guardian will sign. You will also check a box indicating you agree to the terms of this agreement before you can register to complete our online intake form.

1. **Office Hours:** Call or come by Monday 9 am – 3 pm, Tuesday through Thursday 9 am – 4:30 pm and Friday 9 am-12:30 pm.

2. About Holistic and Functional Medicine:

- www.HealthSpanKC.com can tell you a lot about what we do and can answer some frequently asked questions.
- At HealthSpan, we think holistically and functionally. It's how we are able to address the root causes of your concerns. Our conclusions and treatment plans may differ from other doctors you have seen.
- The practice of medicine is not an exact science. Some people have biochemical uniqueness that is difficult to detect despite history, exam and diagnostic work-up. Ill effects sometime occur despite our best efforts. It is your responsibility to contact us if you have ill effects. We can be reached at our office or after-hours (see Urgent and After Hours Situations, below.)
- We want to work in partnership with you. We will review our treatment recommendations with you and offer options when they are available. Please ask questions! We want you to make an informed decision. You will have the opportunity to verbally accept or decline our recommendations. We cannot guarantee the outcome for any treatments proposed.
- We want to help our patients thrive! If it becomes clear at any point that we are not able to help you, we will ask you to seek care elsewhere.
- It is important that you understand and agree to these points before proceeding with treatment. If you have concerns, please mention them during your visit.

3. **Physical Examinations:** We learn a lot from physical exams, plus it is important to your wellbeing that we examine any area potentially affected by our treatment plan. As such, we conduct physical examinations including breast and pelvic examinations for women and prostate exams for men seeking reproductive hormone replacement.



4. **Appointment Guarantee:** We take time to listen to you and understand your concerns. It is hard to do that if we are overbooked. Thus, your appointment is reserved just for you. A downside to this approach is that cancellations can leave a large gap in our schedule that is difficult to fill. So here's how we handle this situation:

- All appointments are guaranteed to a credit card kept on file in our Payment Card Industry (PCI) Security Standard compliant scheduling system. This is the standard hotels and other companies which keep credit card information on file must meet. Do an internet search on "PCI Compliance" for more information.
- At the time your first appointment is scheduled, our patient concierge will read you the conditions of the appointment guarantee. You will indicate your agreement by giving us your credit card number. You will sign this agreement at your first appointment, guaranteeing all future appointments to the credit card on file.
- We require two business days' notice of cancellations. Here's how it works:

If your appointment is on...

Monday

Tuesday

Wednesday

Thursday

Friday

...cancel by:

Thursday at 4:30 pm

Friday at 12:30

Monday at 4:30 pm

Tuesday at 4:30 pm

Wednesday at 4:30 pm

- If you cancel with less than two business days notice and we cannot fill your appointment we will **charge the full fee** to the credit card on file for the time we cannot fill. We know extenuating circumstances arise. Just let us know about them when you cancel and we will consider them.
 - If you do not show for an appointment will be **charged the full fee** for the time scheduled to the credit card on file. Again, we know extenuating circumstances arise. Just let us know about them and we will consider them.
 - Patients who repeatedly do not show for their appointment or who cancel with less than two business days notice will be asked to pay in advance for their appointments. Additionally, we may at our discretion, discharge any patient who does not show or who repeatedly cancels with less than two business days notice.
 - Due to the unreliability of email, cancellations are accepted by **telephone only**. Please call if you do not receive confirmation from us.
5. **Payment: Payment in full is required at the time of service.** Please pay by check, cash or credit card (Visa, Mastercard, Discover or American Express.) HealthSpan does not accept insurance, Medicare or Medicaid.

6. **Fees:** HealthSpan tries to keep its fees simple and predictable by charging by the hour for most services. There is a minimum charge. You will be charged only for the time we use whether it be less than or more than the time scheduled. Purchases of supplements or homeopathic preparations are **not** included in these charges. Scheduled Telephone Appointments are consultations done by phone, not calls related to questions or concerns between visits.

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| First visit | \$400 per hour |
| Follow-up visits unless specified below | \$325 per hour |
| Minimum Charge for Hourly Services | \$109 |
| Osteopathic Treatment – up to 20 minutes | \$105 |
| Osteopathic Treatment – up to 30 minutes | \$135 |
| Osteopathic Treatment – up to 40 minutes | \$175 |
| Osteopathic Treatment – portion over 40 minutes | \$325 per hour |
| Scheduled Telephone Appointment – less than 10 minutes | \$156 |
| Scheduled Telephone Appointment – 11 – 20 minutes | \$180 |
| Scheduled Telephone Appointment – 21 – 30 minutes | \$270 |
| Scheduled Telephone Appointment – for portion longer than 31 minutes | \$390 per hour |

7. **More about Insurance:** HealthSpan is different from most medical practices because we *do not* file insurance claims. We will however provide you with a statement and other information so you can submit a claim to your insurance company. Please save this paperwork. We suggest keeping a file or a notebook that includes copies of our paperwork and anything you send to your insurance company. It makes the filing process easier. Lab work at reference laboratories is often covered by most insurance. We have a program to lower the cost for people who do not have good lab coverage. Please ask.
8. **More about Medicare:** Holistic Medicine by law is not covered by Medicare. However, we have been advised that it is best to officially opt-out of Medicare. This means that we have declared that we will not be governed by Medicare rules and will not file claims to Medicare or Medicare related carriers. This is explained in the private contract under the New Patient tab at www.HealthSpanKC.com. If you have Medicare, please read this contract very carefully. ***You must sign it before you can be seen.***

9. **The Gift of Time:** Our holistic and functional approach takes more time than a 7 – 12 minute office visit. Here is what to expect:

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|------------------------|------------------|
| Initial Visit | 60 – 100 minutes |
| Osteopathic Treatment | 20 – 40 minutes |
| Biomeridian | 40 – 110 minutes |
| Other Follow-Up Visits | 20 – 60 minutes |

10. Please bring all medications, supplements, herbs and homeopathic medicines you take to your initial consultation and to every Biomeridian visit.

11. **Who to Bring:** A parent or guardian must accompany patients under the age of eighteen at each visit. We welcome your significant other or friend to support you or to take notes.

12. **Who not to Bring:** Please do not bring children requiring supervision to your or your child's appointment.

13. **Past Records:** Please bring any test or consultation reports related to your health conditions or that you think are important. If you were referred by another doctor, please bring copies of your records. Please bring your child's vaccination records.

14. **Gynecologic Care:** We are happy to perform routine gynecologic care such as Pap smears. However, if you routinely have abnormal Pap smears, or require other gynecologic care, please continue your relationship with your gynecologist.

15. **Prescription Refills:** We accept prescription refill requests by fax. Please ask your pharmacist to fax your request to 913-642-1901.

16. **Hospitalization:** There just doesn't seem to be a place for our approach in the hospital, at least yet. If you have a condition that could require hospitalization, please maintain a relationship with your specialist or primary care physician.

17. **Urgent and After Hours Situations:** "Urgent" means you do not want to wait until our next available appointment to deal with the situation. We will make every effort to schedule patients with urgent needs as soon as possible. If you have an urgent situation when we are away from the office, please call the number on our voicemail message. This number is checked at least daily. This is the best way to reach us after hours, when we are on vacation, or otherwise out of the office.

18. **Emergencies:** Please dial 911 or go to your nearest emergency room.

19. **Information Requests:** We are happy to provide itemized statements, medical records, or medical reports to third parties upon your written authorization. You'll find the form under the New Patient tab at www.HealthSpanKC.com. We charge a fee of \$18.97 plus \$0.63 per page for the first 250 pages and \$0.45 thereafter. ***Requests from healthcare providers for continuation of care are free of charge.***

- 20.**Vacations and Doctor Out of Office:** HealthSpan closes for three weeks each year to rest and restore ourselves. Our doors are shut for a week of July and for 10 - 14 days around Christmas and New Year's Day. Please make sure you have an adequate supply of your prescription medications on hand. We notify our patients by email a week or two before we plan to be out of the office so you may take care of any business before we leave. Please make sure our office has your correct email address and that @HealthSpanKC.com is an allowed sender in your email program.
- 21.**Monthly Newsletter, Email Updates and Facebook:** We will add you to our mailing lists for our monthly newsletter and for patient related announcements. Our monthly newsletter offers information on health topics we hope you will find helpful. We communicate changes to our information and policies via patient related announcements. We highly encourage you to stay subscribed to this list. You may unsubscribe to either list by clicking the "manage my subscriptions" link in either mailing.
- 22.If at any time you want to refer to the latest version of this document, please click on the New Patient tab at www.HealthSpanKC.com.
- 23.As much as we'd like, we can't avoid the legal stuff. So, please print the next page, sign it and bring it to your visit. Thank you for your valuable time.

Acknowledgement: This document is not a contract. It specifies the arrangement between HealthSpan and you, our patient or guardian of a patient, at the time you sign the document. We periodically review this agreement or update it at our discretion. We do our best to notify our patients of changes to this agreement before their next appointment. Unfortunately, it is not always possible to notify you of changes immediately, and receipt of notification cannot be guaranteed.

As such, by signing below, you are acknowledging that you have read this document and agreeing that you will abide by terms stated therein, including any changes or additions we may make after the document is signed. You are also acknowledging that the document is not a contract and that we have the right to change anything in the document, as well as anything else referenced therein, at our discretion and without prior notice.

Dr. Klug and her associates ☐ **may** / ☐ **may not** communicate with me by email about treatment, payment and health care operations.

Patient, Parent or
Guardian
Signature:

Date:

Printed Name:

Email Address:
