

Informed Consent for Complementary Medical Consultation at Meridian

As our potential patient, you should be informed that Meridian Medical, while offering routine medical services and prescribing conventional medications, is considered an alternative or complementary practice. Therefore, *please carefully review and accept the following before you register:*

Complementary Medicine may not be accepted by conventional physicians: Although we work closely with mainstream physicians and professionals, you should be aware that our advice and services may include the use of some diagnostic and healing methods considered to be alternative or unconventional (i.e. experimental or not usual nor customary) and may not be generally accepted by the mainstream medical community. Some of the modalities practiced at Meridian include the use of nutritional supplements, botanicals (Chinese, Tibetan or Western herbs), Traditional Chinese Medicine and acupuncture. When we do prescribe pharmaceuticals, these may not be approved by the FDA for our intended use (ie off-label), available in this country or evaluated or approved by the FDA at all. Furthermore, since we strongly believe in the wholeness of mind-body-spirit in bringing about health and well-being, our program may also include recommendations for meditation and psychotherapy. ____

We make no representations: We are here only to offer the best way we know to promote your health, and we will be careful in recommending treatments to assure that there is a rational basis or empirical experience to justify the recommendation. HOWEVER, YOU SHOULD UNDERSTAND THAT WE MAKE NO GUARANTEES THAT YOU WILL BE HEALED BY UNDERTAKING OUR RECOMMENDATIONS. THE CHOICE OF WHETHER TO FOLLOW OUR SUGGESTIONS IS ENTIRELY YOURS AND YOU HAVE EVERY RIGHT TO CEASE TREATMENT AT ANY TIME WITH US. ____

Limitations of our professional responsibilities to you: We act solely as consultants and do not assume primary care responsibilities (e.g. we do not obtain pre-approvals for your prescriptions and procedures if you are in a healthplan which requires such because our physicians do not participate in any health plans, we cannot apply for disability on your behalf and cannot guarantee emergency coverage is available nights, holidays and weekends, nor do we assume hospital care responsibilities). While we will fully cooperate and communicate as needed with your physicians, you must maintain a primary care physician and/or specialty physicians for primary and hospital care as needs be. You can call the office for prescription refills or questions related to our recommended therapies such as questions of side-effects, interactions, dosing and dosage, but we will only respond in such cases to patients who have consulted us within four months. As a rule, no prescription drug can be refilled or prescribed for more than four months (ONE month for controlled substances and unapproved or investigational drugs) without an office follow-up with our doctors. New medical issues invariably require a separate consultation, and we absolutely cannot address your health concerns if we have not maintained an active consultative relationship with you as also defined by a minimal follow-up within four months.

Potential, pending or ongoing legal actions: If you are engaged in or contemplating any medically related legal action against other health professional that may require our input including copies of our notes or records, you must always let us know *in advance* before providing your legal team with our names or we reserve the right not to participate in such action or charge you directly for time and effort in relations to your action.

Billing based on time and effort: We reserve the right to bill you for our time and effort on matters listed above that is beyond your actual visit. For patients seeing us on single occasion to consult on a health problem, it is not possible for us to answer all subsequent questions with your health. Although we offer optional email and phone consultations and follow-up as a separate registered and billable service, we reserve the right not to make diagnoses, treatment recommendations or management decisions on the phone or via emails without in person follow-up office visits due to medico-legal constraints (please also refer to our phone or email consult registration form for further details). ____

Choice in services/products: We are not in practice to sell you products or services but keep you healthy. In the course of your consultation, we may make recommendations for certain treatments. For such, you are under no obligation to use Meridian. In case of supplements or herbs, we recommend what we believe to be the best products for quality and value, and in some instances you are encouraged to source them on your own from your healthfood store, pharmacy or online. We will be pleased to assist you with recommendations of reliable brands or stores, but for your convenience and to assure the grade or quality of what we prescribe, we are generally able to dispense most of what we recommend, and we can only stand by that which we dispense in terms of quality or side-effects. ____

Insurance and Payment: In order to provide you with the best private and individualized care, we are a fee-for-service practice and all insurance patients are seen "out-of-network". It does not necessarily mean there will be no coverage for you, it just means you will have to claim any potential reimbursement directly from your insurance (including Medicare). Our responsibility to you will be limited to the provision of professional bills for visits to facilitate your reimbursement. Since we are not one with your insurance, we cannot guarantee reimbursements, we do not code your diagnosis based on potential for reimbursement and we are not obliged to assist you with your insurance claims or submit appeals to your insurance for you in case of denial etc - i.e. whether your insurance reimburses you is between you and your insurance. You are entitled to know the cost of services mid procedures in advance. Full payment by credit card, check or cash is expected at the time of service. _____

[Medicare patients only: None of our doctors or practitioners participate in Medicare, but some may accept it. You will need to sign an opt-out notice if you are seeing a practitioner who does not accept Medicare. If the practitioner accepts Medicare, you will be billed at the rate limit as set by Medicare and pay that rate at the time of visit and submit the insurance claim to Medicare for them to reimburse you directly. Please be aware that there are serious limitations as to what Medicare covers especially for alternative medicine, including testing and consultations: we do not in any way imply that your visit will be covered by Medicare (please sign the waiver below) just because you file a claim provided by us or do a test or study ordered by us. Denied claims become your sole responsibility financially]_____

Appointments and Cancellations: Cancellations wreak havoc to our office routine, so if you desire to cancel an appointment, please do so 24 hours in advance, unless there is a documentable unforeseen emergency. We reserve the right to bill you a fee for cancelling without notice or reason. If you do not respect this policy, we reserve the right not to reschedule your appointment or continue our relationship with you as providers. _____

I have read, understood and accept the above. I agree that if any legal dispute should arise as a result of my consultation or treatment at Meridian, that the case will be judged by the standards of alternative or complementary medicine and not that of conventional medicine. I have executed this consent freely and willingly. I authorize medical information about me to be released to my insurance company or Medicare for them to determine benefits payable for related services. I understand that Meridian Medical, PC will rely upon my execution of this document in accepting me as a patient. *[Medicare patients only: I have been informed that Medicare may deny reimbursement for consultation/testing due to but not limited to the following reasons a) Medicare does not pay for so many services within the period of time, b) Medicare does not consider the reason of my visit/test medically necessary, c) Medicare does not cover screening and counseling, and certain procedures such as acupuncture. In such cases, I am aware that I am entirely responsible for any related fees. I request authorized Medicare payments to be made to me for services rendered by the provider.]*

Patient signature

Date _____

Printed Name: patient or guardian if under 18