GOODMEDICINE
Proactive Solutions for Health and Vitality

# New Patient Information Packet

## Contents

# Welcome to Good Medicine!

Dear Patient,

The functional approach to health goes far beyond treating mere symptoms, and instead discerns root causes with the goal of achieving greater health and vitality. A comprehensive approach offers a variety of services that are not covered by private health benefit plans or government health benefit plans. For this reason, we are now fee for service as of June 1st 2017, and to keep these fees reasonable for an office visit we have continued our membership model which helps cover services provided when you are not actually in the office.

With this philosophy in mind, the program called Good Medicine Membership was introduced. This proactive program requires our patients to be an active partner in their health, to believe in addressing the root cause of disease, to have a desire to age well, and to avoid or to heal chronic disease and developmental delays. We offer this membership program so that we can continue to provide the kind of care that our providers want to practice and our patients want to receive.

The membership fee helps to cover as mentioned previously, services when you are not in the office as listed. Your initial charge of $850.00 covers your initial 2 hour first visit, the review of your chart 30 mins prior to visit, an hour phone consultation with our Clinical Coordinator before the visit, an hour with either our Nutrition Coach or Structural Integration Therapist and the first year of your membership. The first follow up will be a 45 minute appointment which will be an additional $210. All visits after this will be charged the standard rate of $140.00 for 30 minutes. Subsequent annual membership fees are $150.

The annual membership program covers administrative costs and other services as listed below. Other non-listed services are subject to our practice's customary charges for these additional services such as lab work, extensive paperwork, and supplements.

We strive to maintain a high standard of care for our patients. We created our Good Medicine model based on our unwillingness to compromise or cut corners just because of insurance company shortcomings. However, in the current environment of managed health care, many insurance companies are adding more and more restrictions on what they will allow for their subscribers and penalizing doctors who provide more in-depth services and treatments. **Therefore, as of June 1, 2017 Good Medicine will be fee for service. We highly recommend reading your specific insurance contract to determine if your current insurance policy has out of network benefits.**

# Membership Program Services:

- Administrative services that typically take less than 10 minutes to perform.
- Writing or faxing prescription refills to pharmacies for ongoing medications outside of an office visit.
- Attendance at lectures by Dr. Morris and Good Medicine Team on cutting edge issues in health for members (2-3 hour lecture) Free to members, non-member fee is $20.
- Discounts on nutritional and other supplements purchased from our practice (total of 15% off retail prices)
- Access to low-cost laboratory studies-usually a 80%-90% discount on retail charges (you must obtain a blood work order from our office and have the blood drawn at Good Medicine
- Increased access with guaranteed, same day acute (15 minute) appointments if you call us before noon (and the doctor is scheduled in office).

***Special letters for disability, exemptions, prior authorizations, receipts for tax purposes, and other medical letters do have an additional fee.**

**In order to serve you properly, this entire packet plus your initial payment of $850.00 must be completed and returned by mail or fax prior to your New Patient Appointment being scheduled.** No packets may be accepted via email due to HIPPA compliance. Once your New Patient packet and initial payment is received, our team will call you to schedule your New Patient Appointments.

I hope that you will find this approach to medical treatment an improvement with more education and time spent with you that you deserve.

Dr. Nathan Morris

**Dr. Nathan Morris, MD** is an advanced functional medicine practitioner certified by the Institute for Functional Medicine. His practice specializes in addressing the root cause of the more complex conditions such as Lyme Disease, Autism & Other Developmental Delays, Alzheimer's and more.

# Membership Fees:

Call our office at 513-273-9944 and talk with our Clinical Coordinator to learn more about our Membership Model.

**If you have additional family members to enroll, each patient must complete and mail in a New Patient Packet.**

**Dr. Morris' First Visit Includes**:

- 30 minutes for Dr. Morris to review your Living Matrix Health Questionnaire prior to your New Patient Appointment
- 120 minutes in office appointment with Dr. Morris to develop a personalized care plan
- 60 mins with our Care Plan Coordinator, Kara Badgley, prior to visit to lay the groundwork for getting the most from your care
- 60 mins with our Health Coach, Carman Clark, or our Structural Integration LMT, Annie Morris. Which provider is most appropriate will be determined at time of Dr. Morris first appointment.

| | |
|---|---|
| **Dr. Nathan Morris, MD-Initial Visit** | **$850** |
| **Annual Renewal (Due in 2nd Year of Membership** | **$150** |

**Please Note:** If your membership is not paid on time, there will be a re-instatement fee of $50.00

# Good Medicine Membership Agreement

Please clearly print and sign your name
If for a minor child, please print child's name in top box and parent/guardian name & signature in box below.

| | |
|---|---|
| | |

Annual Renewal for all Patients $150 annually after 1st year

Please make checks payable to Good Medicine. We accept all major credit cards.

1. Annual fees will be due on or before your membership date, which is the date that you sign up for our program. Failure to pay on time will result in termination of your membership; reinstatement of your account will cost your annual membership fee plus $50 reinstatement fee for each patient.
2. Memberships are non-refundable.

***Please Print Clearly***

| | |
|---|---|
| Printed Name | |
| Signature | |
| Date | |
| Email Address * | |

* An email address is highly recommended for correspondence

# Fee for Service:

**Office Visit Fees are as follows:**

| | |
|---|---|
| First Visit | $ 850.00 |
| 1st Follow Up Appointment (45 minutes) | $ 210.00 |
| Follow Up Appointment (30 minutes) | $ 140.00 |
| Acute visit (15 minutes) | $ 70.00 |
| Appointments over 30 minutes (all patients) | $ 70.00 per 15 minutes |

# Appointment Agreement

Dr. Morris at Good Medicine, LLC is a family practice doctor who incorporate Functional Medicine in this practice model. Functional Medicine Practitioners need to spend extra time with their patients to learn about your history and your whole story, to fully understand your needs and to treat you effectively.

Your initial new patient appointment will be at least 120 minutes long. **Please give us a 24 hour notice if you need to cancel, if you do not, there will be a charge to your credit card for your initial visit of $850.00.** There will be a **$140.00** charge for missed follow-up appointments. You will be charged if you arrive too late for your appointment and our schedule does not allow you to be seen that day. This is in effect because we have other patients that are waiting for appointments. All of our patient's times are of equal importance to us!

You must complete and submit this entire package as well as the $850 payment in order for us to schedule your first appointment. This will be used if you miss your appointment; either by no show, failure to arrive on time or failure to give a 24-hour cancelation notice.

| | |
|---|---|
| Where should we call you to schedule your appointment? | My Phone # is: |

If the doctor orders lab work: Please make sure you go to a lab that is covered by your insurance. Call the customer service number on your insurance card if you have any questions. NOTE: Some lab work orders are known to **NOT** be covered by insurance, please ask if you have any questions. We do write medical necessity letters for a small fee ($25.00) if applicable. We cannot change a diagnosis.

| I understand I am financially liable for missed or late appointments that I do not notify Good Medicine, LLC about at least 24 hours in advance. | |
|---|---|
| | |
| Signature | Date |

# Memorandum of Understanding

Dear Patient:

Good Medicine has policies in place concerning treatment of our staff.

Our staff members are not expected to tolerate abuse to any degree. If abuse is taking place, the related patient simply cannot remain a member of Good Medicine. It is inappropriate and inconsiderate to verbally assault people that are trying to help you.

Our staff has been carefully selected based on their kind nature and professional skill sets.

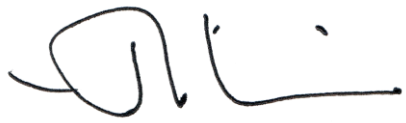
If our staff experiences any form of abuse, the patient may be discharged immediately or if the offense is deemed less serious the patient will first receive a letter stating the incident and requesting for the patient to continue care with Good Medicine under more amicable terms. If a second incident should follow, the patient will receive a notification of dismissal from my practice.

**Please note: there may be circumstances which a patient will receive a notification of dismissal without first receiving a letter requesting for the patient to continue care with Good Medicine under more amicable terms.**

If there is a time you need to voice a concern in regards to one of our staff members, please call our Clinical Coordinator, Kara Badgley. You can best reach her by choosing the first option on our phone prompt for New Patients.

We are excited to be a part of your health care team and look forward to working together. We are thankful to be a part of your healing journey.

With great appreciation,



Dr. Nathan Morris, MD

| I understand I am to treat the staff at Good Medicine respectfully | |
|---|---|
| | |
| Signature | Date |

# Supplement Disclosure

If Dr. Morris recommends vitamins and/or supplements, these are not usually covered by insurance. Some Health Savings Accounts ("HSA") may include coverage for this.

Usually, the purchase of supplements also does not count towards any conventional insurance deductible you may have. If you have an FSA ("Flexible Spending Account"), you may be able to use that account to cover the cost of supplements. Please call the customer service number on your card to find out.

Supplements are available for purchase at our office and on our online supplement store for your convenience. ***You are not required to purchase them***. Dr. Morris has thoroughly researched the ingredients in these supplements and feels they are appropriate for our patients. Unlike purchases of vitamins from some sources, these supplements are vetted and validated by Dr. Morris so he can better support your lifestyle choices and questions.

There are no "bargains" in nutritional supplements, as the FDA does not monitor these supplements. We endorse only pharmaceutical grade supplements that are independently analyzed to contain what they claim. This is not always the case with some over-the-counter ("OTC") nutritional supplements. They are priced accordingly although we always give a 15% discount off of retail prices to our Good Medicine Members to make these more affordable.

If you wish, we are happy to ship your vitamins and supplements directly to your home or other provided address; orders over $100 receive free shipping. If you elect to use our website, all above benefits remain. Be sure to ask for your patient discount code for online ordering.

| I understand that I am **not** required to purchase vitamins/supplements from Good Medicine LLC. | |
|---|---|
| | |
| Signature | Date |

# Authorization for Treatment

***Please initial after each statement and sign at the bottom.***

Authorization for Treatment

I authorize examination, diagnosis and general treatment (including but not limited to the use of x-rays and other non-invasive procedures such as diagnostic tests) to be performed by the physician and staff of Good Medicine LLC. If necessary, I give my permission for other allied health professionals to review my medical record for the purpose of the evaluation of my overall health needs. I realize that if a medical procedure or surgery is required, I will be given additional information. ___

Release of Information

I hereby authorize Good Medicine LLC to furnish information from the my medical record to any health care provider whom my physician deems necessary to provide for the continuity of my medical care with the exclusion of information regarding substance abuse, mental health, HIV (AIDS), STD, etc. ___

No Show/Missed Appointments

Patients must show up on time for their appointment. If you are late, we will reschedule your appointment in order to keep the schedule on time for the following patients. You will still be charged for this missed appointment time. Multiple late occurrences may result in discharge from our practice.

I understand I need to provide 24h notice if I will be late to, or if I need to cancel an appointment. I understand that if I do not, I am financially liable for the "No-Show." ___

Financial Agreement

All fees are due at the time of service. A super bill will be provided so patients can submit claims toward their insurance out of network benefits.

I assign and authorize payments to be made directly to Good Medicine LLC of all insurance benefits and agree to pay any balance due. I realize that I am responsible for verifying with my insurance company what my coverage is regarding physician services and outpatient facilities such as labs, x-rays, etc, and I realize that ultimately my bill is my responsibility. ___

| Printed Name of Patient | |
|---|---|
| | |
| Signature (parent or guardian may sign for minors) | Date |

# Credit Card Authorization Form

| CARD HOLDER INFORMATION | |
|---|---|
| Name on Card: | |
| Address: | |
| Phone: | |

**PAYMENT AUTHORIZATION**

| Card Type: (circle one) Visa Mastercard Discover American Express | |
|---|---|
| Card Number | |
| Expiration Date | |
| CVC# *(the # on the back of the cc)* | |

List all family members that are authorized to use this card number:

| |
|---|
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| |

I authorize payments for purchases, services, missed appointments, and other fees from, and will indemnify and hold harmless Dr. Morris / Good Medicine LLC using this Credit Card Authorization Form. I understand that my signature on this form will serve as an authorized signature on the credit card charge slip.

| | | |
|---|---|---|
| (Printed Name) | (Signature) | Date |

# HIPAA Disclosure / Authorization

**Authorization for Use or Disclosure of Protected Health Information**

I understand that I have a right to:

- Inspect or copy the protected health information to be used as permitted under federal law.
- Refuse to sign the authorization.
- Terminate this agreement at any time upon receipt of a signed written request.

I understand that my health care and the payment for my healthcare will not be affected if I do not sign this form.

I have received a copy of the Privacy Practices for Protected Health Information from Good Medicine LLC.

| I hereby authorize the use or disclosure of my health information as described below. I understand that this authorization is voluntary; I understand that the related information may not be protected by federal privacy regulations. | | |
|---|---|---|
| | | |
| Patient Name | Date of Birth | Date |

Please list all family members or other persons, if any, whom we may inform about your medical condition diagnosis.

| Name | Relationship | Phone # |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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|---|---|
| | |
| Printed Name of Patient | |
| | |
| Printed Name of Guardian (if applicable) | |
| | |
| Relationship of Guardian to Patient | |
| | |
| Signature (parent or guardian may sign for minors) | Date |

# Good Medicine Portal Agreement

We offer a patient portal where you can view your visit information, medications and some lab results. If you would like to use this option, please sign your consent below.

If you do not wish to use this portal, you can schedule an appointment to come in and discuss your results with Dr. Morris, no sooner than two weeks after the lab results have come in. Results requiring an urgent response will be communicated to you by phone.

When you sign up for your patient portal, you will receive an email to the email address you provide, with the subject line: Patient Portal Registration/Dr. Morris. The email will have your login information and the website address.

If you don't see the email in the next week, be sure to check your spam or junk mail folder. If it's there, be sure to mark it as "not spam," and add the sender as one to always trust.

Please do not share your login information, as the information contained in the portal is protected healthcare information ("PHI"). Safeguard your login information as well, as there is a $25 fee to recover lost login information.

**Online Communication Information Consent:**

You agree to take steps to keep your online communications confidential including:

- **Only use the portal on private, secured computers you are authorized to use.**
- **Use a screen saver that locks your computer, or log off, when you leave your computer.**
- **Do not give anyone the password to your Portal Account.**

Withdrawal of the consent granted here must be done in writing.

Good Medicine LLC will keep all records on an encrypted format. This portal **will not** be used for emergency purposes. Good Medicine LLC is not responsible for improper disclosure of confidential information. We will send lab results to the portal for you to access them.

I, _____, date of birth_____ herby authorize Good Medicine LLC to release via secure email/patient portal any medical test results ordered. I hereby state that I have read and fully understand this agreement. I consent to the release of the medical records/test results to the email address listed below for the patient portal.

| | |
|---|---|
| | |
| Signature | Date |
| | |
| Email Address (for login credentials) | |

# GOOD MEDICINE, LLC PATIENT REGISTRATION FORM

| PATIENT INFORMATION | | | | | | |
|---|---|---|---|---|---|---|
| Last Name | First Name | | MI | Birthdate | Sex | |
| Street Address | City, State, Zip | | | | | |
| Home Phone | Cell Phone | Work Phone | | | | |
| Marital Status M W S D | SS# | Race | Language | Ethnicity | | |
| Email | Employer/Address | | | | | |

| RESPONSIBLE PARTY (if different from above) | | | | |
|---|---|---|---|---|
| Last Name | First Name | MI | Birthdate | Sex |
| Street Address | City, State, Zip | | | |
| Home Phone | Cell Phone | Work Phone | | |
| Marital Status M W S D | SS# | Relationship to Patient | | |

| EMERGENCY CONTACT | | |
|---|---|---|
| Name | Phone | Relationship to Patient |