



Medical Options for Wellness

Raj P. Patel, M.D.

INTRODUCTION

We strive to provide individualized medical evaluation and treatment in an environment of warmth and caring which is conducive to wellness and a high quality of life. Our philosophy of practice is oriented toward identifying and treating the underlying cause of illness. An integrative approach to medical care, utilizing natural and nutritional therapies is utilized. However, we also recognize there are situations where medications and/or surgery may be the best approach.

Our work is dedicated to enhancing your wellness through rediscovering and strengthening your own innate healing ability. Dr. Patel seeks to form a working partnership with you, the goal of which is your good health. We invite you to participate as fully as you wish in your own care. Your involvement in your health and healing is vital to our success. We believe our job is to provide the best information and most effective medical care possible.

OFFICE POLICY

In order to keep our fees reasonable, we ask that payment be made in full at the time of service. We accept personal checks or Visa and MasterCard. We do not participate, nor are we providers, in any insurance plans. Patients should never assume that their insurance would fully reimburse them for office visits or services. We encourage you to contact your individual carrier for specific details regarding your policy.

In addition, we do not provide insurance billing. After each office visit, you will be given a form or 'superbill' containing all necessary information to submit directly to your insurance carrier. The 'superbill' you are provided can be attached to your insurance form as the "Attending Physician's Statement" portion of the claim form. There will be a fee charged for requested correspondence and for a written response to a request for information by an insurance carrier.

Dr. Patel is not a Medicare provider. Medicare patients cannot bill Medicare for their services in the office.

Initial _____

**1098 Foster City Blvd., Suite 305
Foster City, CA 94404
T: 650-474-2130 F: 650-474-2136**

The parent or guardian signing this consent for an underage child is vouching that both parents/guardians of the child are requesting treatment at this office.

FEES

Our fees are structured around time expenditure and services provided. Our fees are as follows:

Initial Consultation including complete History & Physical -----	\$585
First Follow-up visit &/or Test Result evaluation -----	\$555
Office Visit for check-ups and therapeutic re-evaluation -----	\$355

* The above fees reflect office visit charges only. Laboratory fees, nutritional supplements and other services are additional.

OFFICE ROUTINE & HOURS

Please be prepared to make the maximum use of your time with the doctor, including writing down any questions, concerns and other subjects of discussion prior to your visit.

Please keep a record of what supplements and/or medications you are taking and bring it with you to each visit. New and established patients are also encouraged to bring copies of pertinent lab test results obtained from other doctor consultations.

The office is open from 9:00 AM to 5:00 PM, Monday through Friday. Telephone hours are from 9:00 AM to 5:00 PM. Please leave a message at other times and one of our staff will return your call during regular business hours.

Since our practice is primarily preventive and consultative, we do not provide emergency or on-call care after hours or on weekends and holidays and we do not admit or care for patients in the hospital. Dr Patel specializes in only certain conditions. Patients should maintain a primary care physician for any emergencies and for their routine medical needs. Patients should also consult and inform their primary care physician of the therapy received in this office for the coordination of patient care. All patients are required to have a primary care physician.

We welcome your questions and calls. However, at our discretion, a fee will be charged for telephone calls and consultations of over three minutes with the doctor. If you are

Initial _____

**1098 Foster City Blvd., Suite 305
Foster City, CA 94404
T: 650-474-2130 F: 650-474-2136**

unable to keep an appointment, please try to give us as much notice as possible. We require a minimum of **72 hours** (3 weekdays, excluding holidays) notice of cancellation for Office Visits and IVs. If we do not receive **72 hours** cancellation notice, you will incur a 50% 'failed appointment charge' for the time or service scheduled. For all initial new patient visits, cancellations and changes must be called in **7 days** prior to your appointment to avoid a 50% cancellation fee.

MEDICAL RECORDS

Your medical records are subject to HIPAA policies. Please read our HIPAA information. Whenever possible, we obtain your direct consent for release of records regarding your care with us. However, the HIPAA policy requires us to release certain records to insurance or other care providers.

SUPPLEMENTS

Most of the supplements we prescribe are available at the office. We maintain a supply of high quality supplements. However, you are under no obligation to purchase these products from us.

Many of the supplements, albeit different brands and qualities, are available through various health food stores and other sources. The use of supplements purchased elsewhere will not affect the quality of care by your physician here. Supplements can only be purchased here if prescribed by your physician. Off label use of medications and supplements are often recommended by doctors in this office.

For your convenience, we have a supplement phone line for you to leave your requests for supplement refills. These orders will be prepared by our staff and will be available for pick-up in 2 business days. For more information, please contact our front office staff. Please note that insurance companies almost never consider nutritional supplements as covered items.

Please allow seven (7) days notice to refill or replace a product by mail. Payment for products mailed to you can be made by Visa or MasterCard, or by prepayment with a check.

Supplements purchased from this office cannot be returned after they leave the office since we cannot monitor any environmental exposure they may encounter.

Initial _____

**1098 Foster City Blvd., Suite 305
Foster City, CA 94404
T: 650-474-2130 F: 650-474-2136**

LETTERS & CORRESPONDENCE

Occasionally we are asked to copy charts to send to other physicians, insurance companies, etc. We will comply with these requests in a timely manner. We charge a **minimum** fee of \$15.00 for copying charts. Charges will vary depending on the size of the chart.

PRESCRIPTIONS

We have a dedicated phone line for pharmacies. Any prescription refill requests should be directed to your pharmacist first. The pharmacy in turn will contact us for the refill. This will save us time and also avoid any errors in prescribing.

PERFUMES, SCENTS, SMOKING & CELL PHONES

Many of our patients (and staff!) are made ill by perfume and other scented products. Please be considerate and use no perfume or scented products when you are coming into the office. Remember that perfume applied earlier in the day may still cause symptoms in allergic people. Smoking is not permitted on the premises. Cell phones should not be used in the treatment areas. Please silence them when you are in the office.

Should you have any questions or desire further information, do not hesitate to ask our staff. We are here to serve you!

Thank you, Raj Patel, MD

Please sign when you have read and understood all 4 pages of our office policy.

Signature

Date

Initial _____

**1098 Foster City Blvd., Suite 305
Foster City, CA 94404
T: 650-474-2130 F: 650-474-2136**