

AMY MYERS, MD

Austin UltraHealth

Westlake Medical Center
5656 Bee Cave Road Suite D-203
Austin, Texas 78746
Phone: 512-383-5343
Fax: 512-721-0348

PRACTICE POLICIES 2014



Austin UltraHealth Practice Policies

Our goal is to provide you with the highest level of personalized care possible. We are committed to helping you achieve UltraHealth.

It is important to read all of the enclosed information carefully and to scan & email, mail, fax or drop-off at the office the intake forms at your earliest convenience. Once the completed forms have been received, you'll receive a call from our office staff to finalize your new patient appointment time. **You will not be place on the schedule until all forms are completed and returned to our office.**

FUNCTIONAL MEDICINE APPOINTMENTS

- At your initial appointment and first follow up you will visit with Dr. Myers and our nutritionist, Brienne Herman, RD, LD.
- Please allow 2.5 to 3 hours for this initial appointment.
- There is a **48 hour/ 2 business day cancellation policy** (please see the **CANCELLATION AND RESCHEDULING OF APPOINTMENTS** section in this form).

FUNCTIONAL MEDICINE APPOINTMENT FEES

- Initial Consultation is \$1200. (This includes your time with MD and RD)
- All other consultations with Dr. Myers are \$425.00 for 50 minutes or \$212.50 for 25 minutes.
- All other consultations with our RD, LD providers cost \$225 for 75 minutes, \$150 for 50 minutes, and \$75 for 25 minutes.

*Appointment pricing is subject to change. For up-to-date pricing, please visit our website at www.austinultrahealth.com under Services.

NUTRITION ONLY APPOINTMENTS with one of our RD, LD nutritionists

- Initial NUTRITION-ONLY appointments will be 75 minutes long and cost \$225.
- All appointments with RD, LD are \$225/75 minutes, \$150/50 minutes or \$75/25 minutes.**
- There is a **48 hour/ 2 business day cancellation policy** (please see the **CANCELLATION AND RESCHEDULING OF APPOINTMENTS** section in this form).

WELLNESS COACHING FEES

Wellness coaching is general dietary/supplementation guidance for individuals not wanting any lab testing and not wanting to establish a patient-provider relationship with our RD, LD or MD providers.

- 50 minutes-\$85
- 25 minutes- \$45

LAB TESTS

We have a phlebotomist from CPL at our office to draw your blood just after your appointment. If you have an appointment with Dr. Myers, PLEASE ARRIVE FASTING – and bring your



insurance card. (Nutrition-only appointments do not require fasting). **PLEASE CALL YOUR INSURANCE CARRIER PRIOR TO YOUR APPOINTMENT TO KNOW WHAT YOUR COVERAGE IS.** If you choose to run the CPL labs through your insurance, Austin UltraHealth is not responsible for any bills you receive from CPL Labs.

Some labs that involve stool, urine or saliva samples are done at home. You will be given all lab kits and step-by-step instructions for at-home tests at the time of your consult.

All lab results will be reviewed with you at the time of your follow up appointment. We do not email lab results to patients. The exception to this is if you have a follow up appointment by phone – we will email you your lab results prior to your appointment for your review.

CPL is at our office Monday – Friday from 8:30 am to 1:30 pm; you DO NOT need an appointment to get labs drawn.

COPIES OF MEDICAL RECORDS & LABS FROM OUR OFFICE

You will be given a copy of your labs at each visit to keep for your records. [Should you need additional copies of your medical records; a \$25 fee will be charged for copies and postage.]

MEDICAL RECORDS FROM OTHER DOCTORS/CLINICS/HOSPITALS

Medical records can only be released with your authorization. **It is your responsibility to obtain previous medical records from other physicians or health care providers that you wish Dr. Myers to review.** If you feel your medical records are pertinent to your appointment with Dr. Myers, please contact your physician or other health care provider to obtain these records and make sure that we have received them at least 7 days prior to your initial appointment.

Your medical records can be mailed or faxed to:
Austin UltraHealth, 5656 Bee Cave Road, Suite D-203 Austin, TX 78746
Fax (512) 721.0348

SUPPLEMENTS

All of the supplements that are recommended at Austin UltraHealth are available for purchase in our office or through our online store: <http://www.austinultrahealth.com/shop/>.

You are not obligated to purchase supplements from our office. If you choose to purchase supplements, you may do so either through the online store or they may be picked up from our office Monday – Friday between 9 am and 5 pm. If you order your supplements through the store, they will be shipped directly to you.

RETURNS/REFUNDS

- Supplements (except probiotics and protein powders) and Functional Lab kits may be returned for a refund or exchange if in original condition and unopened or unused within 14 days of purchase.
- Functional Lab kits must be completed within 1 year of purchase.
- CPL Prepaid Labs can be refunded if labs are not drawn and notice is given within 7 days of payment.
- Return products purchased through our online store will be subject to a 15% restocking



fee.

RETURN CHECK FEE

- A \$35 fee will be assessed for all checks returned for insufficient funds

CANCELLATION AND RESCHEDULING OF APPOINTMENTS

There is a 48 hour (2 business days) cancellation and rescheduling policy. **Your appointment must be cancelled or rescheduled at least 48 hours (2 business days) prior to your consultation time or you will be charged for the visit, unless we are able to fill your appointment time. Please be aware that holidays do NOT constitute business days.**

You may cancel your appointment by calling the office 512-383-5343 or emailing admin@austinultrahealth.com.

We reserve the right to charge your credit card on file for the full amount of the missed visit if it is not canceled or rescheduled 48 hours (2 business days) prior to your appointment. By signing below you agree to our cancellation policy and authorize Amy Myers MD, PA/Austin UltraHealth to charge your credit card on file for any missed visits.

We have a long waiting list and we ask that if you know that you need to cancel or reschedule, please let us know as soon as possible so that we may offer your appointment to someone on the waiting list.

LATE ARRIVAL APPOINTMENTS

We are committed to being on time with patient appointments in order to prevent clients from waiting. If you arrive late to the office for your consult your appointment will end at the scheduled time and you will be charged for the length of the originally scheduled visit.

FOLLOW UP APPOINTMENTS

At the time of check out you will be scheduled for a follow up appointment. This date will be written on your check out paperwork. We will assume you will honor this appointment time unless you notify us otherwise at least 48 hours/ 2 business days prior to your scheduled appointment. Although you may get reminder phone calls or emails from our office about appointments, these reminders are a courtesy only. It is your responsibility to remember your appointment date and time.

PAYMENT OPTIONS

Cash, checks or credit cards (MasterCard, Visa, Discover) are all accepted methods of payment for services. We do not accept American Express. When you schedule the initial visit, we request a credit card on file to hold the appointment for you. No charges will be applied to your credit card unless you miss or cancel an appointment without proper notice. On the day of your scheduled appointment, all charges for consultations, laboratory testing and nutritional supplements will be itemized and payment is due on the day of service.

Follow-up phone, or in-person consultations will be billed to your credit card on file unless you provide other payment information and instructions prior to your appointment. If additional



lab tests are required and our office sends test kits, the appropriate fees will be charged to your account. Credit card on file will also be used for supplements mailed unless otherwise specified.

BILLING/INSURANCE

- You will receive an invoice at the completion of your visit that you may submit to your insurance for reimbursement.
- Payment for the office visit, phone consultation, or lab tests is expected at time of service. All credit card payment will be processed the same day of the visit, or phone call.
- If test kits or supplements are sent to you, you will be charged the day they are mailed.
- Austin UltraHealth does not accept insurance; however, you can submit your patient statement to your insurance carrier.
- We will give you instructions for insurance filing, a copy of your bill and all codes necessary for insurance filing.
- We do not, however, assist you in insurance claim resolution or respond to insurance carrier requests for more information.

DISABILITY FORMS

Dr. Myers does not fill out medical disability forms for patients. On very rare occasions Dr. Myers will write a letter to detail the medical necessity of testing. Under such circumstances, Dr. Myers bills at her hourly rate to write such letters. Dr. Myers does not submit her medical notes to support disability claims.

OFFICE HOURS

Our office hours are Monday – Friday, 9 am to 5 pm CST. Our CPL lab is open Monday – Friday 8:30 am to 1:30 pm.

RECORDING APPOINTMENTS

Electronic recording of appointments and/or conversations with our providers is strictly prohibited, unless prior approval is obtained by Dr. Myers. It is illegal and unethical to record a medical appointment without the knowledge of the medical provider. If such recording takes place, legal action may be taken.

PHONE CALLS AND MESSAGES

- **Phone messages left will be responded to within 24 hours (during business hours).**
- **If you have a medical or psychological emergency, call 911 or go directly to the nearest ER.**
- When leaving a message, please be brief and include the following information:
 - ✓ Full name, spell your last name, and date of birth
 - ✓ Reason for call
 - ✓ Phone number(s)
 - ✓ E-mail address (if desired)

PRESCRIPTION REFILL REQUESTS

For prescription refills, we ask that you contact your pharmacy and have them fax over the medication refill request. Our fax number is (512) 721-0348. **It may take up to 72 business hours to process a prescription refill.** Please note that Dr. Myers is generally not in the office



on Fridays to authorize refills. Please plan ahead to avoid any interruptions in your medications.

PRIMARY CARE PHYSICIAN

- Please note that neither Dr. Amy Myers, MD nor Brianne Herman, RD, LD is your primary care physician. We recommend that you have a primary care physician.

SMOKING/FRAGRANCES

We are a smoke-free office. Please refrain from smoking before your appointment. Due to our highly sensitive staff and patients you may be asked to leave if there is a noticeable presence of smoke odor. *Dr. Myers and many of our patients have fragrance and chemical sensitivities. This is a fragrance free office. **Please do not wear any fragrances to your appointment.*** This includes perfumes, colognes, scented body lotion, deodorant, shampoo and soaps. These fragrances can make Dr. Myers physically ill and unable to hold her consultation with you. Should this happen, *you will be charged the full fee for the appointment.*

MOCHA/OFFICE DOG

Dr. Myers brings her young dog, Mocha, to the office for patients to enjoy. She is a sweet girl and sheds minimally. There are times when Mocha roams around the common areas of our office, so if you would feel more comfortable with her kenneled when you are at our practice, please inform our staff prior to your appointments. We understand that not every person enjoys or can be around dogs.

Wishing you UltraHealth,

The Austin UltraHealth Team



Medicare Patients

NOTICE OF POSSIBLE MEDICARE DENIAL

Medicare will only pay for services determined to be reasonable and necessary under Section 1862 (a) (1) of Medicare Law. If a particular service is considered not acceptable and unnecessary under Medicare standards, Medicare will deny payment for those excluded services.

MEDICARE NOTICE

Neither Dr. Amy Myers nor Brianne Herman, RD, LD is a Medicare provider; therefore, your payment is due at the time services are provided. Any claims submitted will have to be sent by the patient; payment reimbursement is not guaranteed and is subject to Medicare eligibility/reimbursement rules and regulations.

PATIENT ACKNOWLEDGEMENT

My physician, and/or staff have informed me, that he or she believes services provided will likely be denied by Medicare for reasons stated above.



Informed Consent Regarding E-mail or the Internet Use of Protected Personal Information

Austin UltraHealth provides patients the opportunity to communicate with them by e-mail. Transmitting confidential health information by e-mail, however, has a number of risks, both general and specific, that should be considered before using e-mail.

1. Risks:
 - a. General e-mail risks are the following: e-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients; recipients can forward e-mail to other recipients without the original sender(s) permission, or knowledge; users can easily misaddress an e-mail; e-mail is easier to falsify than handwritten, or signed documents; backup copies of e-mail may exist even after the sender, or recipient has deleted his/her history.
 - b. Specific e-mail risks are the following: e-mail containing information pertaining to diagnosis and/or treatment must be included in the protected personal health information; all individuals who have access to the protected personal health information will have access to the e-mail messages; patients who send, or receive e-mail from their place of employment risk having their employer read their e-mail.
2. It is the policy of Austin UltraHealth that all e-mail messages sent or received, which concern the diagnosis, or treatment, of the patient will be a part of that patient's protected personal health information and we will treat such e-mail messages, or internet communications, with the same degree of confidentiality as afforded other portions of the protected personal health information. Austin UltraHealth will use reasonable means to protect the security and confidentiality of e-mail, or internet communication. Because of the risks outlined above, we cannot, however, guarantee the security and confidentiality of e-mail, or internet communications.
3. Patients must consent to the use of e-mail for confidential medical information after having been informed of the above risks. Consent to the use of e-mail includes agreement with the following conditions:
 - a. All e-mail to, or from, patients concerning diagnosis and/or treatment will be made a part of the protected personal health information. As a part of the protected personal health information, other individuals, Dr. Amy Myers, Brianne Herman, RD, LD, physicians, nurses, other healthcare practitioners, insurance coordinators, and upon written authorization other healthcare providers and insurers will have access to e-mail messages contained in protected personal health information.
 - b. Austin UltraHealth practitioners may forward e-mail messages within the practice as necessary for diagnosis and treatment. We will not, however, forward the e-mail outside the practice without the consent of the patient as required by law.
 - c. We at Austin UltraHealth will endeavor to read e-mail promptly, but can provide no assurance that the recipient of the particular e-mail will read the e-mail message promptly. Therefore, e-mail must not be used in a medical emergency.
 - d. It is the responsibility of the sender to determine whether the intended recipient received the e-mail and when the recipient will respond.



- e. Because some medical information is so sensitive that unauthorized disclosure can be very damaging, e-mail should not be used for communications concerning diagnosis, or treatment of AIDS/HIV infection; other sexually transmissible, or communicable diseases, such as syphilis, gonorrhea, herpes, and the like; Behavioral health, Mental health, or developmental disability; or alcohol and drug abuse.
- f. Austin UltraHealth cannot guarantee that electronic communications will be private. However, we will take reasonable steps to protect the confidentiality of the e-mail, or internet communication. However, Dr. Amy Myers and Brianne Herman RD, LD are not liable for improper disclosure of confidential information not caused by its employee's gross negligence, or wanton misconduct.
- g. If consent is given for the use of e-mail, it is the responsibility of the patient to inform Austin UltraHealth staff of any type of information you do not want to be sent by e-mail.
- h. It is the responsibility of the patient to protect their password or other means of access to e-mail sent, or received, from Austin UltraHealth, to protect confidentiality. Austin UltraHealth is not liable for breaches of confidentiality caused by the patient.

Any further use of e-mail initiated by the patient that discusses diagnosis, or treatment, constitutes informed consent to the foregoing.

I understand that my consent to the use of e-mail may be withdrawn at any time by e-mail, or written communication, to Austin UltraHealth at admin@austinultrahealth.com



Functional Medicine Agreement

Welcome to our Functional Medicine practice. In Functional Medicine we focus on treating the whole patient and restoring health. In Functional Medicine, however, the approach is different. Our goal is to restore function of the body and therefore health. It is important that you understand that we use lifestyle and dietary interventions as part of the treatment to manage medical conditions. We expect that you will actively participate in your healthcare plan and do your best to make the lifestyle changes we recommend.

This is not the most common way that health issues are managed in most conventional medical practices; therefore it is not the standard of care. Unfortunately often there is not a consideration of the whole person and the inter connection of all their health issues. Often prescription medications are the first or main treatment. Frequently these medications are treating the symptoms and not the underlying problems. Functional Medicine approaches your health with the goal of treating the causes and thus improving function. In choosing Functional Medicine, you are selecting to combine the use of conventional with complementary and alternative medicine methods to manage your health.

Functional Medicine is based on science from the medical literature. However it is considered complementary and alternative medicine. The Texas state medical board requires that you as a patient are informed of this and consent to this type of treatment.



Austin UltraHealth Policies

By signing below I acknowledge that I have read, understand and agree to these policies. I give full consent for the completion of my evaluation and provision of treatment as necessary to the professionals named above. If I have any questions about the included information, or about anything related to my treatment, I will discuss this with Amy Myers, MD, or Brianne Herman, RD, LD as appropriate.

Patient Signature *Date*

All Medicare Patients Must Sign Below

By signing below I acknowledge that I have read, understand and agree to the policies regarding Medicare and I have been informed that services provided will likely be denied by Medicare.

Signature

Print name

Date

Informed Consent Regarding E-mail or the Internet Use of Protected Personal Information

I have read this form carefully and understand the risks and responsibilities associated with the use of e-mail. I agree to assume all risks associated with the use of e-mail.

Name Printed: _____

Signature: _____

Date: _____

Functional Medicine Agreement

I agree to use the Functional Medicine approach to manage my health.

Signature

Print name

Date

