



Rasnow Integrative Wellness, Inc.

Consent to Treat

Please Initial after each paragraph to indicate understanding. Please let the office staff or Dr. Rasnow-Hill know if there are any questions.

1. I recognize that Rasnow Integrative Wellness, Inc. (RIW) is primarily a consulting practice for patients seeking an Integrative approach to healthcare. I understand that this means Dr. Rasnow-Hill may not be available to consult on or care for urgent matters and that I will need maintain access to an additional source of primary care either through another PCP or via urgent care if necessary. _____ (initials)
2. I recognize that since RIW is a part- time consulting practice, if I have a complicated prescription medication regimen or require regular prescriptions it is more appropriate to have them prescribed by a PCP or specialist who maintains full office hours. _____ (initials) The doctor that will be prescribing my ongoing medications is:

3. RIW employs Kareo Medical software for electronic records, patient scheduling, forms management, and billing. Kareo keeps aggregate date of the use of its software which may include some of your personal information such as frequency with which you contact me, your demographics, and the time you spend on the patient portal. I am unable to control the use of this information however they are bound by all state and federal HIPAA requirements and cannot use your personal information to identify you specifically. When you sign up for the patient portal you must elect for them not to target you with advertisements based on non-identifiable information. You have the option to opt out of use of patient portal all together and receive lab results by phone, mail or email as well as make your appointments directly with RIW staff. This will limit the data that is collected on you, however Kareo will still have access to aggregate data from our EMR. I consent to being cared for by a practice that implements an electronic and cloud-based medical record system. _____ (initials)
4. Integrative Medicine and Functional Medicine utilize a lifestyle-first approach to health. This requires active participation on my part. It will require me to take notice of my diet, habits, emotions, and bodily functions to assess how my body is working and/or responding to a given intervention. I am prepared to take this active role in my health!
_____ (initials)



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Statement of Financial Responsibility

I, _____, have read the fee agreement in its entirety and take full financial responsibility for the services rendered/requested.

I understand that I will receive an invoice for services rendered according to the fee schedule and that payment is due upon receipt. _____ (initials)

Private Pay Patients:

I will come to an in-person office visit prepared to pay for services rendered via credit card or check. I will pay via credit card the electronically received invoice at the time of my video visit. I can request an itemized receipt/superbill for my records at the conclusion of the visit. _____ (initials)

Commercial Insurance patients:

I understand that if my PPO commercial insurance is initially billed and the claim is denied, I will be responsible for payment according to the fee schedule and will receive an invoice accordingly. I understand that it is solely my responsibility to seek reimbursement from the insurance company. Rasnow Integrative Wellness, Inc. will not re-submit claims or try to negotiate for payment beyond this initial submission. I also understand that administrative fees and fees for non-covered labs or services may not be reimbursable by insurance nor count towards my out-of-pocket deductible. _____ (initials)

Medicare Patients:

I understand that if I have Medicare coverage, I will need to sign an Advanced Beneficiary Notice for services rendered (separate form). These services may include nutritional and lifestyle coaching, administrative fees, acupuncture treatments, supplements, Low -Dose Immunotherapy, and some lab tests that are not covered under Medicare. I will be responsible for payment for these services and Medicare nor supplemental insurance will be billed. These fees may not count towards my out-of-pocket deductible if applicable. _____ (initials)