



OPTIMAL HEALTH
MEDICAL CENTER

OPTIMAL HEALTH MEDICAL CENTER

750 George Washington Way, Suite 5
Richland, WA 99354

OFFICE POLICIES & PROCEDURES

1. Office hours: Our office hours are Tuesday-Friday 9am-5pm. We are closed on Mondays. During business hours, if we are with another patient, or on the phone, please leave a message and your call will be returned.
2. No perfumes policy. Given the nature of this practice, many of our patients and employees are chemically sensitive, so we ask that you refrain from wearing perfumes, and perfumed hair products, creams, etc., on the day you come to our office for either an appointment or to buy supplements.
3. 48-hour appointment cancellation policy. We have reserved your appointment especially for you. We do not overbook or double book like many offices do, so if you are unable to make your appointment, please call at least 48 hours before your appointment so that we can reschedule your appointment and try to fill your reserved spot with another patient. Please note if you have an appointment on a Tuesday, because we are closed during the weekend and Monday, we would need to hear from you the preceding Friday to avoid a no-show fee of \$55. If you cannot reach us, please leave a voice mail.
4. Insurance billing and patient payments. It is your responsibility to contact your insurance company, prior to your appointment, to ensure Dr. Stringer is a preferred provider and to determine your co-pay, if any. If she is not a preferred provider, it is possible you can still see Dr. Stringer, but you may be charged "out of network" fees.
 - a. We are not contracted with any of the following insurances, and therefore, we will not be able to see you as a patient (not even as cash pay): Medicaid, Apple or Community Healthcare plans; and we do not bill Geha-ASA(Aetna), GEHA, Moda, Meritan Health, or Cigna.
 - b. Dr. Stringer is not contracted with Medicare. If you have Medicare and would like to see Dr. Stringer, we will require you to sign a Medicare Opt-out form which states that neither you nor Dr. Stringer will bill Medicare. If you have a non-Medicare secondary insurance, you may be able to bill the secondary insurance yourself, but we will not bill secondary insurances. We will be happy to give you the paperwork (insurance claim form) that will allow you to do your own billing in this situation.
5. Payment due at time of visit. Please plan to pay all copays, coinsurances, and outstanding balances in full at the time of your appointment. We accept small denomination cash, checks and Visa/MasterCard.
6. Documentation fee. There is a charge of \$35 for Dr. Stringer to fill out any forms on your behalf. This includes leave of absence, return to work, letters of medical necessity, etc. Please allow 10 business days to complete forms.
7. Prior authorizations for prescriptions & tests. There is a \$35 for Dr. Stringer to fill out prior authorizations for prescriptions and tests.
8. Consent to Inform (CTI). We are unable to give out medical information to family members (even those listed on the CTI) unless specifically agreed upon by the patient per HIPAA regulations. Please speak with the patient to obtain confidential patient information.
9. Primary care physician required. Due to Dr. Stringer's part-time hours and desire to concentrate on a Functional Medicine approach, she requires all patients to have another primary care physician.

10. Newsletter. Dr. Stringer sends out periodic newsletters with information regarding preventive medicine and health related topics of interest, as well as upcoming classes and supplement sales. If you do *not* want to be on this email list, please let our office staff know and we will remove your email from the list. Your email is completely private with us and will never be shared or sold.
11. Prescription refill policy. If you need a refill of your prescriptions, please call your pharmacy and have them fax the request to 509-943-1125. Allow 72 business hours for refills. Please have the pharmacy notate any changes in strength, dosing, or a change in provider. Please call your pharmacy when you have one (1) refill left so that you have time for labs and an appointment before you run out.
12. Records request fees. We will gladly reprint chart notes, reports from imaging, and billing statements. We offer copies of your labs and testing at the time of your visit, as well as a copy of your check out sheet, at no charge. However, there will be a fee for records requests after the visit, the amount to be determined by the number of pages. Please allow ten (10) days for the completion of the request.
13. Labs and follow-up appointments. Dr. Stringer requires follow-up labs and appointments in 3-month, 6-month, or 12-month increments, depending on the patient's treatment plan and prescriptions. Patients on hormone replacement therapy (HRT) are required to have labs and a follow up every six (6) months. Please call your pharmacy when you have one (1) refill left so that you can have your labs and appointment done prior to expiration of any prescription.
14. Labs and/or prescription adjustments: Dr. Stringer requires an in-office appointment to go over all labs, and to discuss changes to prescriptions. We will not be able to provide you with a copy of the labs until you have been in to see her at an appointment. You can pick up a copy yourself, but we will not be able to give any recommendations until your appointment. Follow up appointments are also required if you had labs drawn and are seeing if a change in the dosing of a medication is needed.
15. Phone Etiquette: If you call with any questions for Dr. Stringer, or Lori, the messages will be forwarded to the provider via an electronic message, and we will call you to relay any information that is relayed. Since both providers see patients all day, it is not possible to call the office and just speak to one of them. In the rare case that you receive a call from one of our providers on their private lines (cell phone), please do not call or text that number unless asked to do so. All questions for the providers must be relayed through the main office phone. In rare cases, a phone consult may be allowed, pending approval by Dr. Stringer, but will be scheduled in an open appointment slot, and will be billed as an office visit to your insurance. But our office policy is to do all visits in person. You will be required to have a least one in-office visit a year, and any testing that is extensive, including stool and saliva kits, will require an in-office appointment.

Thank you and have a blessed day!!

I have read the policies and procedures outlined above and acknowledge by my signature that I understand and will comply.

Printed Name: _____

Date: _____

Signature: **X** _____

Additional office information

Office Hours for Supplement Sales and Scheduling:

We are open Tuesday through Friday 9:00 am to 5:00 pm

Dr. Stringer & NTP Lori Graham Office Hours:

Tuesday through Thursday, 9:00 am to 2:00 pm

-If you call needing to speak to either one of our providers, a message will be sent back via an electronic communication. We will notify you with any instructions from the provider. Since both providers see patients all day, they cannot answer the phone, but will return patient messages as we can. Please keep in mind that we are a small office, and that the providers work on a part time basis, so it may take several days for a response. If it is an urgent matter; please feel free to contact your primary care physician or head to an urgent care.

-They are also here the occasional Friday, as well as possibly stay late (approximately an extra hour of two) on Wednesday and Thursdays. Please let our office know if you would like one of these later appointments. We do not schedule anyone after 4:00 pm (established patients) or 3:30 pm (new patients)

Insurance Information:

- 1.) Dr. Stringer is contracted with:
 - Premera-Anthem, BC/BS, Regence, Lifewise
 - As long as it is an insurance through an employer, not a state plan. Please feel free to look at the back of your card and see if it states, "Please bill local BCBS for your state". This is what the insurance cards typically say that we accept.
 - Aetna (We do not bill the GEHA_ASA which is a GEHA plan that states it is billed to Aetna)
 - First Choice
 - Kaiser Permanente Options (We do not bill the Basic or Co-op plans. You can pay cash at the time of your visit, and we will gladly give you a claim form that you can turn into your insurance provider on your own behalf)
 - United health Care (No Tri-care or other veteran's plans)
- 2.) We do not bill Meritan, GEHA, GEHA_ASA, or any co-op type plans. You can pay cash at the time of your visit and we will gladly give you a claim form that you can turn into your insurance on your own behalf)
- 3.) She is not Medicare or Medicaid provider.
 - a. We can see Medicare patients. Payment will be due at the time of visit, and you will be given a copy of the Medicare Opt Out contract signed by both the patient and Dr. Stringer, as well as a copy of your claim form that you can then send in to your insurance.
 - b. We are not accepting any Medicaid patients at this time. We are not contracted, so we cannot see patient with this insurance, even as cash pay.
- 4.) Please call your insurance provider, or our office with any questions.



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CONSENT TO INFORM—YOUR RIGHT TO PRIVACY

Patient's Name _____

We respect your right to privacy regarding medical information. Without additional written consent, may we share information with your spouse?

No

Yes. If yes, their name: _____

We understand you may have concerned relatives. Please list the names of adults, children, other family members and/or contact persons with whom we may share information, without additional written consent, and their relationship to the patient:

Check if N/A (not applicable)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

What information may we share?

All

Scheduling Info Only

Other. Please specify _____

*Note: If there are any changes on this form, it is the patient's responsibility to let us know at each occurrence.

Signature of patient or authorized representative _____ Date _____

Relationship or status if signed by anyone other than patient: _____

THIS AUTHORIZATION WILL EXPIRE YEARLY, UNLESS OTHERWISE REVOKED