



GOODMEDICINE
Proactive Solutions for Health and Vitality

New Patient Information Packet

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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 a fee for service (see attached price list) clinic. To keep these fees reasonable for an office visit we have continued our minimum cost Administration Fee model which helps cover services provided when you are not actually in the office like most refills and minor paperwork after the first year of Administration Fee (covered by initial visit in the first year.)

After practicing for many years in functional medicine, I've learned the importance of individualized care paths as the best way to meet patients where they are in their current journey. This personal journey may be at quite an advanced point so we want to be sure to cater to your needs as well as the beginner who is just looking for where to start their Functional Medicine health journey. Our team is here to help match your readiness to an appropriate care path. Similar to downhill skilling, or exercise classes, where a more advanced terrain or class could cause more harm than good, we have learned this holds true from the Functional Medicine journey. With this approach we hope to reduce, if not entirely eliminate, that feeling of being overwhelmed, and in so doing, free you to change the little things that make such a big difference. We hope you see the cost savings in this approach.

We know you are making a very large financial commitment when you join a functional medicine practice so we want full disclosure of costs so you can budget accordingly. In this packet, you will learn more about Good Medicine's annual Administration Fee program covering 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, messages, and supplements.

We are all Institute of Functional Medicine practitioners with over 30 years of combined experience in functional medicine and think our years of expertise are a real value in the industry.

Good Medicine Care Paths

Advanced Patient Care Path (3 hours of care)

You have been pursuing Functional Medicine for some time and/or have a litany of unexplained health issues. You understand that Functional Medicine is a time and financial commitment and understand outcomes will be optimized by an equal balance of lifestyle and medical interventions. You are ready to enter into a partnership with your provider for your health journey.

Your care path includes:

- **An hour with our Health Coach before the provider's visit to offer assistance fine-tuning any areas of your plan as you move toward healing**
- **15-30 mins prior to the visit your provider will review your old chart, review of genetics, and review of your Living Matrix intake forms**
- **Your initial 2-hour provider first visit**
- **First year of administrative fee covered (\$150 value)**

The first follow up will be a 60-minute appointment. All visits after this will usually be an hour but the provider may request 30 mins at their discretion. Subsequent annual Administration Fee fees are \$150.00 after the first year

Introduction to Functional Medicine Care Path (4 hours of care)

You are just starting out on your functional medicine journey! Welcome! We are so glad you have joined us. Functional Medicine is like traveling to another country where there is a different language, currency, food, and you may not be 100% entirely sure what to expect. We know the critical importance for you to approach your journey in a way that creates the best chances for success. A series of appointments have been designed to assist you to implement lifestyle changes in a way that is a match to your current ability. You will focus a lot on skill development to build a new set of lifestyle capabilities. This new skill set will be transformational and have the power to alter your trajectory of healing. We will guide you through establishing this essential foundation so when you do have your initial medical provider appointment, your healing is expedited.

Your care path includes:

- **1-hour health coaching appointment**
- **1-hour health coaching appointment**
- **30 minute provider review of your history, genetics and old records prior to appointment**
- **1- hour Provider visit**
- **30 min health coaching appointment**
- **First year of administrative fee covered (\$150 value)**

- Future appointments to be determined based on patients progress

The Proactive Care Path (3 hours of care)

Congratulations! We applaud your commitment to your health and to learn how to prevent your family history of disease from becoming your story. We've designed a more affordable entry to Functional Medicine so you can be proactive and create a destiny of health and vitality. Genetic testing is highly recommended.

Your care path includes:

- **1-hour health coaching appointment**
- **30 minute provider review of your history, genetics and old records prior to appointment**
- **1- hour Provider visit**
- **30 min health coaching appointment**
- **First year of administrative fee covered (\$150 value)**

- Future appointments to be determined based on patients progress

Care Path Initial Investment

In your 15-minute Welcome Call, Clinical Coordinator, Claire Good, has recommended the best-fit care path based on your readiness. In order to support your efforts and success, please check the care path that you are enrolling in to begin working with Good Medicine.

New Advanced Patient Care Path:

- o Nathan Morris, MD \$975.00*
- o Stephanie Davis, DC \$750.00*
- o PA- Denver Hager \$750.00*

Introduction to Functional Medicine Care Path:

- o Nathan Morris, MD \$650
- o Stephanie Davis, DC \$550
- o PA- Denver Hager \$550

Proactive Patient Care Path:

- o Nathan Morris, MD \$575
- o Stephanie Davis, DC \$475
- o PA- Denver Hager \$475

Ongoing Medical Care Fee for Service

Initial appointment follow-up visit:

- One hour follow up after first visit
 - Nathan Morris, MD \$400.00
 - Stephanie Davis, DC \$300.00
 - PA- Denver Hager \$300.00

Standard follow-up visit:

- One hour follow up
 - Nathan Morris, MD \$400.00
 - Stephanie Davis, DC \$300.00
 - PA- Denver Hager \$300.00
- 30 minute follow up
 - Nathan Morris, MD \$200.00
 - Denver Hager, PA\$150.00

Testosterone Management- Denver Hager, PA

- Physiologic dosing hormone management \$225/month
 - Monthly prescriptions and every 3 months appointment to review labs and therapy

Collaborative Care Team Fee for Services

Massage Therapy/Structural Integration

- Annie Morris, LMT
 - First appointment -2 hours \$160.00
 - Follow up appts – per 1 hr \$80.00

Genetic Consults

- Morgan Knoll, CN \$150.00/hour. Schedule and Payment found [here](#)
- Food plans and pricing- see feedyourgenes.ca

Health Coaching

- Claire Good \$75.00 per hour (first-hour visit included in initial visit costs)
- Kara Ware \$125.00 per hour

Messaging to Provider

- Message requiring provider input
 - Simple (less than 5 mins) \$20.00
 - More Complex \$20.00 per 5 min increment

Refills

- No charge- covered by administrative fee

Administration Fee Program

- Waived in the first year and \$150 per year thereafter
- Includes
 - Refills
 - Simple forms filled out (less than 5 mins). Forms longer than 5 mins will require charges of \$20.00 per 5 min increments
 - Lab review
 - Supplement discounts

Missed Appointments

- Appointments canceled less than 24 hours prior to the visit will incur the full charges as noted in the fee schedule above (see separate agreement)

Blood draw

- Per blood collection visit \$25.00

Administrative Fee 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.
- Discounts on nutritional and other supplements purchased from our practice (total of 15% off retail prices)
- Access to low-cost laboratory studies-usually an 80%-90% discount on retail charges (you must obtain a blood work order from our office and have the blood drawn at Good Medicine or LabCorp)
- Lab and chart review outside of visit

***Special letters for disability, exemptions, prior authorizations, receipts for tax purposes, and other medical letters do have an additional fee. Messaging requiring doctor input will also require a fee. See schedule.**

In order to serve you properly, this entire packet plus your initial payment or credit card info available on the portal must be completed and returned by mail or fax prior to your New Patient Appointment being scheduled. The packet can also be emailed to registration@thisisgoodmedicine.com, which is HIPPA compliant. Once your New Patient packet is filled out on the portal and your credit card info is put into the portal or 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.

The providers of Good Medicine

Good Medicine Administration Fee Agreement

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

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

1. Administrative fees will be due on or before your Administration Fee date, which is the date that you sign up for our program. This will be automatically debited from your credit card on file. We will contact you if the credit card is not valid. Failure to pay on time will result in termination of your Administration Fee; reinstatement of your account will cost your annual Administration Fee fee plus \$50 reinstatement fee for each patient.
2. Administration Fees are non-refundable.
3. Ask about our Family discount on Administration Fees.

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

Appointment Agreement

Good Medicine, LLC is a 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 usually 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 or follow up as outlined in the fee schedule.** 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 this on our patient portal or submit via mail this entire package as well as the payment or a credit card on file for the initial visit in order for us to schedule your first appointment. This payment or credit card will be used if you miss your appointment; either by no show, failure to arrive on time or failure to give a 24-hour cancellation notice.

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

Lab work

If the provider 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 fee as noted in our fee schedule. We cannot change a diagnosis. If patients choose to use insurance to cover the cost of labs ordered through Good Medicine, LLC, the patient is held responsible for any fees passed on by their insurance company.

Good Medicine, LLC has an arrangement with LabCorp where we can order labs at a 70-90% discount. If labs are ordered through this plan, payment is due at the time of order and no further financial obligation is required of the patient. These may not be turned into insurance for reimbursement.

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

Employee Rights

Dear Patient:

Good Medicine has policies in place concerning the treatment of our staff. Our staff members are not expected to tolerate mistreatment by our patients to any degree. If abuse is taking place, the related patient simply cannot remain a member of Good Medicine. Our staff has been carefully selected based on their kind nature and professional skill sets.

If our staff experiences any form of mistreatment, 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 in 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 Director, Nathan Morris, MD. You can best reach him by choosing extension 101 on our phone system.

We are confident this will not be an issue as we are truly health partners and part of a team striving to create your best health.

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

Supplement Disclosure

If Good Medicine recommends vitamins and/or supplements, these are not usually covered by insurance. 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. Some Health Savings Accounts (“HSA”) may include coverage for this also. 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.** Good Medicine 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 Good Medicine so they 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 \$49 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.

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

Authorization for Treatment

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

Consultant Agreement

We are consultants to your healthcare. We look forward to our partnership but insist on a primary care provider, selected by you, to help you with other medical issues that may arise outside of the scope of our functional medicine practice. You and your personal healthcare providers shall have exclusive authority and control over your health and healthcare, including all diagnosis, treatment, and other determinations related thereto, and nothing discussed in consultation between us is intended to or shall influence, restrict or interfere with your personal healthcare professionals' exercise of independent clinical, medical or professional judgment in providing healthcare services to you.

Financial Agreement

All fees are due at the time of service to be paid to **Good Medicine Management Solutions, LLC d/b/a Good Medicine Colorado**. A superbill will be provided so patients can submit claims toward their insurance out of network benefits.

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.

Credit Card Authorization Form

CARDHOLDER INFORMATION	
Name on Card:	
Address:	
Phone:	

PAYMENT AUTHORIZATION	
Card Type:	
<small>(circle one)</small> Visa Mastercard Discover American Express	
Card Number	
Expiration Date	
CVC# <small>(the # on the back of the cc)</small>	

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

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 below in the "memorandum of understanding" will serve as an authorized signature on the credit card charge slip.

Memorandum of understanding

I have read the following documents and agree to abide by them:

- Administration Fee Program Services
- Administration Fee Agreement
- Fee schedule
- Appointment Agreement
- Lab Work Agreement
- Employee Rights
- Supplement Disclosure
- Authorization for treatment
- Credit Card Authorization Form

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