

Dear Future Patients and Parents,

I thank you for allowing me to help you restore your health with holistic medicine. I am truly honored to join you on your path to health. Before we begin, I need some information from you, and you need to know my policies. So here we go!

1. **Office Hours:** Monday and Wednesday 9 am – 3:00 pm, Tuesday and Thursday 9 am - 5:30 pm and Friday 9 am-12:30 pm.
2. **About Holistic Medicine:**
  - My website can tell you a lot about what I do and can answer some frequently asked questions. Please go to [www.bethanyklug.com](http://www.bethanyklug.com).
  - Because I practice holistically, I may draw different conclusions from your medical history, exam and laboratory than other doctors you have seen.
  - I will present treatment options to you and you will have the opportunity to accept or decline them verbally. No guarantee of outcome can be made for any treatments proposed.
  - The application of hormones, homeopathy and other natural treatments is not an exact science. Some people have biochemical uniqueness that is difficult to detect despite history, exam and diagnostic work-up. Ill effects can occur. It is your responsibility to contact me if you have ill effects. I can be reached at my office or after-hours (see Urgent and After Hours Situations, below.)
  - It is important that you understand and agree to these points before proceeding with treatment. If you have concerns, please mention them during your visit.
3. **Physical Examinations:** I conduct physical examinations appropriate to the condition being treated including breast and pelvic examinations for women and prostate exam for men seeking reproductive hormone replacement.
4. **Cancellation Policy:** I do not overbook my schedule and my appointment times are specifically reserved for you. Thus cancellations can leave a large gap in my schedule that is difficult to fill. Therefore:
  - All appointments will be guaranteed to a credit card kept on file in our Payment Card Industry (PCI) Security Standard compliant scheduling system. This is the standard hotels and other companies which keep credit card information on file must meet. Do an internet search on “PCI Compliance” for more information.
  - We require two business days notice of cancellations. Here’s how it works:



*Bethany Klug, DO*

Restoring Health with Holistic Medicine

**If your appointment is on...**

Monday  
Tuesday  
Wednesday  
Thursday  
Friday

**Cancel by:**

Thursday at 3:00 pm  
Friday at noon  
Monday at 3:00 pm  
Tuesday at 3:00 pm  
Wednesday at 3:00 pm

- Those who cancel with less than two business days notice or do not show for an appointment will be **charged the full fee** for the time scheduled to the credit card on file at the time of cancellation or no show.
  - Patients who repeatedly do not show for their appointment or cancel with less than two business days notice will be asked to pay in advance for their appointments. Additionally, we may at our discretion, discharge any patient who does not show or repeatedly cancels with less than two business day notice.
5. **Payment:** *Payment in full is required at the time of service.* Please pay by check, cash or credit card (Visa, Mastercard, Discover or American Express.) I do not accept insurance, Medicare or Medicaid.
6. **Fees:** I try to keep my fees simple and predictable by charging by the hour for most services. There is a minimum charge. You will be charged only for the time we use whether it be less than or more than the time scheduled. Purchases of supplements or homeopathic preparations are **not** included in these charges. Scheduled Telephone Appointments are consultations done by phone, not calls related to questions or concerns between visits.

New Patient Visit (any patient not seen within the last 18 months)	\$240/hour
Established Patient Visit	\$220/hour
Minimum Charge for Hourly Services	\$78
Osteopathic Treatment – up to 20 minutes	\$90
Osteopathic Treatment – up to 30 minutes	\$112
Osteopathic Treatment – up to 40 minutes	\$150
Osteopathic Treatment – portion over 40 minutes	\$220 / hour
Scheduled Telephone Appointment – less than 10 minutes	\$100
Scheduled Telephone Appointment – 11 – 20 minutes	\$120
Scheduled Telephone Appointment – 21 – 30 minutes	\$170

Scheduled Telephone Appointment – for portion longer than 31 minutes \$320/hour

7. **More about Insurance:** I do not file insurance claim forms. I will provide you a statement that contains the information necessary for you to submit a claim to your insurance company. Please retain your statements. We do not keep copies of them and there may be a charge if you need us to make you a new one.

I bill using the following CPT codes:

- 99244 or 99245 for consultations and Biomeridian visits
- 99213 – 99215 or 99241 - 99245 for return office visits
- 98925 – 98929 for osteopathic treatments
- 99441 – 99443 for telephone consultations

8. **More about Medicare:** Holistic Medicine by law is not covered by Medicare. However, Dr. Klug has been advised that it is best to officially opt-out of Medicare . This means that Dr. Klug has declared that she will not be governed by Medicare rules and will not file claims to Medicare or Medicare related carriers. This is explained in the private contract in the New Patient Forms and Information sidebar of [www.bethanyklug.com](http://www.bethanyklug.com). If you have Medicare, please read this contract very carefully. ***You must sign it before Dr. Klug can see you.***

9. **Visit Time:** Your initial visit will last about 1 - 1 ½ hours. Routine follow-up appointment times for osteopathic treatment can last 30 – 40 minutes or less. Routine follow-up appointments for Biomeridian visits can last 40 -90 minutes or less. Follow-up visits for other hormones can last 20 – 30 minutes. Follow-up appointments are usually every 2 weeks to 6 months for osteopathic treatments, in three to six months for Biomeridian visits, and in one month to one year for bioidentical hormone replacement and conditions treated without use of the Biomeridian.

10. **Urgent and After Hours Situations:** “Urgent” means you do not want to wait until my next available appointment to deal with the situation. If you have an urgent situation when I am away from the office, please contact me at the number on my voicemail message. I check this number at least daily. This is the best way to reach me after hours, when I am on vacation or otherwise out of the office. Please know that while I do not leave spaces in my schedule exclusively for urgent needs, I will make all possible efforts to schedule patients with urgent needs as soon as possible.

11. **Emergencies:** Please dial 911 or go to your nearest emergency room.

12. **Hospitalization and Routine Gynecologic Care:** I do not do hospital work or routine gynecologic care such as Pap smears. It is essential that you maintain a relationship with your specialist or primary care physician for these services.

13. **Prescription Refills:** We accept prescription refill requests by fax. Please ask your pharmacist to fax your request to 913-642-1901.
14. **Information Requests:** I will provide itemized statements, medical records, or medical reports to third parties upon your written authorization. I charge a fee of \$18.97 plus \$0.63 per page. **Requests from healthcare providers for continuation of care are free of charge.**
15. **Vacations and Doctor Out of Office:** My staff and I close the office for vacation the week of Independence Day and for 10 -14 days around Christmas and New Years Day. Please make sure you have an adequate supply of your prescription medications on hand, as we will not be available to refill them during these times. We notify our patients by email a week or two before Dr. Klug plans to be out of the office so you may take care of any business before she leaves. Please make sure our office has your correct email address.
16. **For Children:** Please complete **both** the general history form and the child's history form. Find these in the left hand column of [www.bethanyklug.com](http://www.bethanyklug.com). Please provide them to me **before** your child's appointment. You may mail them, fax them, or deliver them to the office.
17. **For Adults:** Please complete the general history form. If you are seeing me for chronic pain or headache, please complete Chronic Pain and Headache history form. Find these forms in the left hand column of [www.bethanyklug.com](http://www.bethanyklug.com). Please bring them with you to your appointment.
18. **Past Records:** Please bring any test or consultation reports related to your health conditions or that you think are important. If you were referred by another doctor, please bring copies of your records. Please bring your child's vaccination records.
19. **Please bring all medications, supplements, herbs and homeopathic medicines** that you take to your initial consultation and **every** Biomeridian visit.
20. **Who to Bring:** A parent or guardian must accompany patients under the age of eighteen at each visit.
21. **Who not to Bring:** Please do not bring children requiring supervision to your or your child's appointment.

**Acknowledgement:** This document is not a contract. It is a statement of my office policies as they apply to my patients at the time you sign the document. I periodically review these policies and change or add to them at my discretion. I do my best to notify my patients of changes to these policies before their next appointment. Unfortunately, it is not always possible to notify everyone of changes immediately, and receipt of notification cannot be guaranteed.

As such, by signing below, you are acknowledging that you have read this document and agreeing that you will abide by the policies stated therein, including any changes or additions I may make after the document is signed. You are also acknowledging that the document is not a contract and that I have the right to change anything in the document, as well as anything else referenced therein, at my discretion and without prior notice.

Dr. Klug and her associates  **may** /  **may not** communicate with me by email about treatment, payment and health care operations.

Patient, Parent or Guardian Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email Address: \_\_\_\_\_