



DR. KARA FITZGERALD, LLC

FUNCTIONAL MEDICINE

27 glen road 4th floor sandy hook ct 06482 phone 203 304 9502 fax 203 304 9503
kf@drkarafitzgerald.com drkarafitzgerald.com

General Office Policies

Please review carefully. Sign and date.

- ❖ **You are encouraged to ask questions on any health-related topic and to take an active role in your health-care.** You are welcome to bring a friend or relative to your visits (or listen on telemedicine visits) if such companionship is comfortable for you.
- ❖ **Information revealed during counseling sessions and office visits is confidential.** Exceptions to this confidentiality include disclosure by you regarding intention to harm yourself or others. Your record and the information contained within it will not be disclosed to others unless you direct us to do so or unless the law authorizes or compels us to do so.
- ❖ **Each procedure and/or treatment carries with it both risks and benefits.** There may be additional or alternative treatments available. You are encouraged to ask questions if you would like additional information. Although your plan will be thoroughly researched and will be customized to your unique health status and your personal goals, no guarantees can be assured regarding the outcomes of treatment(s) or procedure(s).
- ❖ **Initial Consultation/Office Visits:** Office visits and teleconferences are billed at \$550.00 per hour. The first office visit package is \$1600.00. The package includes 1.5 - 2 hours with the doctor and two hours of nutritional consult with our nutrition team, to be scheduled as needed during your treatment plan. Subsequent follow-up visits are a minimum of 30 minutes. There is no refund for services provided. However, you may be eligible for out-of-network insurance reimbursement or tax deduction for medical services.
- ❖ **Nutritionist Consults:** Two hours of nutritional consult are included in the new patient package. Subsequent nutrition consults will be billed as follows: \$300 per hour with the Nutrition Director and clinical nutritionist, Romilly Hodges, \$250.00 per hour with a clinical nutritionist, Lara Zakaria, Jill Sheppard-Davenport, and Janine Henkel, \$100 per hour with a resident nutritionist, including case supervision by one of our staff nutritionists. Our nutritionists are also trained in Functional Medicine, and some patients opt to see only our nutritionists. In such cases, the initial appointment with a nutritionist will be \$600.00 with Romilly Hodges, or \$500.00 with our other clinical nutritionists, which includes a 90-minute initial telephone consultation, and two 15-minute telephone follow ups with the nutritionist. For patients who are only working with a nutritionist, there is the option to have one of our physicians consult on their case if needed, subject to physician hourly fees. All nutrition consultations are provided by remote teleconference and are for educational purposes only. Our nutrition team assists the clinic's patients with the implementation of the doctors' dietary and nutritional protocols. They also provide information about how to improve general health through diet and lifestyle modification. Any such information should not be construed as a medical diagnosis or treatment of any disease or health condition.
- ❖ **Teaching Clinic:** Our clinic provides an important educational environment for resident nutritionists and Functional Medicine practitioners to shadow consultations. While we aim to keep your supporting resident nutritionist consistently the same person throughout your care plan, this is not always possible. You always have the right to decline that a resident shadows your consult.
- ❖ **Cancellation policy:** When you call and schedule an appointment, time is reserved especially for you and no one else. Since the appointments are much longer than standard office visits, cancellations are significant interruptions to the Clinic. Thus, a minimum of 7 days' notice is required for cancellations of new patient visits and 3 days' notice for existing patients. There is a **50%** deposit for new patients, which will be refunded only if the appointment is cancelled with more than 7 days' notice. Additionally, there will be a 100% office visit charge for "no-shows" or late cancellations. We also require that all new patients complete and return their new patient paperwork no later than 7 days prior to your appointment. If the new patient paperwork is not received, we will reschedule the appointment and cancellation fees will be applied.
- ❖ **Supplements:** Payment is expected prior to shipment. We will refund 100% of your purchase (minus shipping) within 20 days of purchase should you need to return them. Probiotics and other heat sensitive items are non-refundable.



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- ❖ **Specialty Laboratory Testing:** Our clinic frequently uses specialty testing. These are usually an out-of-pocket expense. Occasionally, there is some insurance coverage. We will guide you through identifying the costs associated with your testing.
- ❖ **Telehealth education:** In order to establish a doctor/patient relationship with us, you must see us in our office in person at least once per year. If you do not see us in our office in person at least once each year, there will not be a doctor/patient relationship between us and you. Instead, our communications with you will be for educational purposes only. We call these communications “Telehealth/education services”. These services we provide to you will consist of information and suggestions that are intended to assist you and your health care provider in using natural means to support your health. Telehealth/education services are not intended to serve as a medical diagnosis or treatment of any kind. Our fees for telehealth/education services are the same as the fees that we charge for our telephone consultations and office visits. Please note that medical insurance does not cover telehealth/education services. You will be responsible for paying for all telehealth/education services yourself. We do not refund any amounts paid for telehealth/education services.
- ❖ **We often use encrypted email for patient communication that includes protected health information. If you prefer to OPT OUT from receiving encrypted emails from us, email the words “opt out” in the subject line to: optout@drkarafitzgerald.com. If you OPT OUT, we will send you protected health information in emails that are NOT ENCRYPTED.**
- ❖ **Emergencies, after-hours care, disability requests:** Because of their teaching, traveling, and research, our doctors are not available on a 24-hour basis at all times. Therefore, you must have a primary care doctor with whom you can consult in the event of an emergency or urgent problem. If you have a serious health problem that requires immediate attention, you should call your other doctors(s), call 911, or have someone take you to the nearest hospital emergency room. If you notice an adverse effect from one of the components of your health plan, you should discontinue it immediately and email your provider (preferred: kf@drkarafitzgerald.com, drilitwin@drkarafitzgerald.com, drstacey@drkarafitzgerald.com) or call the Clinic 203-304-9502. **Please note that because we are not primary providers, we do not complete disability or workers’ compensation forms for patients.**
- ❖ **Billing:** We accept cash, checks, credit cards, FSA and HSA cards. We do not accept insurance, nor do we bill insurance or prepare HCFA forms for you. However, we will furnish you with an itemized bill for self-submission if you are seen in office. **For our Medicare patients:** Since we do not accept Medicare in our office, all services, including labs and mail away specialty lab tests, are self-pay. **You will not be able to submit any bill to Medicare for reimbursement from them for any services you encounter in our office by any of our providers.**

There is a standard \$50.00 service fee charged for pursuing prior authorizations from insurance companies. This fee will also be charged for provider time spent on completing simple letters and forms related to work/school/travel. Additional fees may be charged for more complex or time-intensive administrative work and physician chart review.

I agree to all terms and conditions of these General Office Policies.

Signature:

Date:

I agree to allow Kara N. Fitzgerald, ND, LLC, to use or to describe my **anonymous** medical history and laboratory data for educational purposes in lectures, blogs, case reports, and other publications that are communicated to other professionals, but may include members of the public. This medical history and laboratory data might include photographs and/or other images of parts of my body other than my face (**nutrition/physical exam findings only**). Kara N. Fitzgerald, ND, LLC, will never publish any information that uses my name or that identifies me as the source of any of the information, data, or images that it publishes. **If you do not wish to participate, initial here:** _____