



Between the Bridges Healing Center

The leading-edge of the new preventive medicine

Standard of Care and Scope of Practice: The standard of care at Between The Bridges Healing Center may differ in some areas from those standards deemed acceptable by the Minnesota Medical Association, the Minnesota State Board of Medical Practice, the American Medical Association, the American College of Physicians, and many other organizations who are thought to represent the standard of conventional medical care. Many of Between The Bridges Healing Center's standards are also consistent with those of the American Board of Holistic and Integrative Medicine, the American College for the Advancement of Medicine, the Institute for Functional Medicine, and other certification authorities recognized by the State of Minnesota. By signing our disclosure statement, patients acknowledge that these more progressive medical standards and approaches may be a significant part of their treatment regimen at Between The Bridges Healing Center.

We encourage you to have a primary MD within the usual and customary insurance system. Since we are not participating providers in the usual sense, there may be expensive procedures that may be appropriate for you that will be covered only if ordered through such a physician. We emphasize that we are not an emergency room or urgent care facility. Serious problems such as acute chest pain, shortness, of breath, severe abdominal pain, etc., should be handled in an acute care setting or by calling 911.

Dr. Kotulski is a triple board certified Physician with the following Boards:

- The American Osteopathic Board of Family Physicians
- The American Osteopathic Board of Neuro-Musculoskeletal Medicine
- The American Board of Holistic Medicine

Disclosure: Between The Bridges Healing Center is a private medical practice. All patients may choose to purchase recommended prescriptions or nutraceuticals (dietary supplements) elsewhere. There is no obligation to purchase them here. We only vend the highest quality supplements, although many supplements recommended may be found in lower quality versions elsewhere. We urge patients to choose the highest quality supplements available.

New patient appointments: Making a new patient appointment requires a \$50 deposit that is non refundable but is applied to the New Patient fees. If a New Patient appointment is made and needs to be changed/rescheduled, this \$50 is still applied to the New Patient fees so long as the change is made prior to 24 hours or 1 business day of the scheduled appointment. Otherwise, Between The Bridges Healing Center retains this deposit, and an additional \$50 deposit will be required to schedule any future New Patient appointment. **All patients must have an active credit card on file to receive services at:** Between The Bridges Healing Center.

Office visits and follow up: Our responsibility for medical consultation is no different from any other medical office, lab results require a follow up appointment for review by your practitioner. Phone calls and email, unless otherwise specified, are not a substitute for appropriate office follow up. Failure to follow up in a timely fashion based on our suggested schedule precludes our capacity to consult with you. Changes in treatment plans requiring documentation will be done only by appointment or specified telephone and/or email consultation. Patients who are more than 3 months in arrears for recommended follow-up visits will be seen before any additional refills or medical orders are authorized. Minimally, patients are required to be seen in the office or conferenced by telephone one time per year for an annual case review in order to continue care, or have prescriptions renewed. Functional medicine bases treatment on each individual's response to existing treatment protocol. Compliance is required to ensure our patients safety.

Cancellations: Same day cancellations of IV treatments will incur a \$55 fee. No call/no show IV appointments will be charged for the entire cost of the IV. Patients who repeatedly fail to cancel follow up visits in a timely fashion (24 hours or 1 business day) will be required to pay in advance for subsequent visits.

Fees: New patient consultations are \$520 per hour for Dr. Kotulski, Follow up consultations are billed by time increments. Fees for seminars and forums will vary based on the specific venue and topic. Laboratory tests are billed directly to the patient unless otherwise specified. We do have a very low laboratory fee schedule for those wishing to pay in cash or by credit card. We charge a \$45 fee for venipuncture. There is a minimum 15 minutes of time required for appropriate documentation charged above and beyond the direct time of the visit whether face-to-face or by phone conference. There is a minimum \$35 fee for NSF checks that will be charged without notification to any credit card in the patients file.

Medicare: All Medicare patients will be required to review and sign a private contract before being seen. If you are a new Medicare patient, be prepared to review and sign this prior to your first visit. This must be renewed yearly.

Payment: Our payment policies are different from those of most clinics in that payment in full is expected at the time of service. We do not participate in any way whatsoever with Medicare. A separate private contract is mandatory for all Medicare patients. We will supply you with the necessary documentation that will allow you to submit the claim to your insurer (other than Medicare which is forbidden by the federal government). Claims for our services cannot be submitted to Medicare. We do not have any control over these policies. There is no guarantee that submitted claims will result in coverage. Our experience has been that most reasonable insurers will cover the costs at some level. Fees of \$90 or less for out-of-office refills, medical reports, complex emails, or incidental phone calls that require chart review and documentation will be charged to the credit card on file without notification.

Paperwork, authorizations, letters of medical necessity, etc. will be completed promptly on request at the time of your appointment when possible. There will be a minimum charge of \$90 per report based on the complexity if these reports are required outside of appointment times. The hourly rate for more complicated reports will be the customary hourly rate for that given practitioner. There may be charges for review of past medical records if they are more complex.

Privacy: As a patient of Between The Bridges Healing Center I acknowledge that it is my obligation to read and review the Notification of Privacy Policies posted on the Between The Bridges Healing Center website at www.bridgeshealingcenters.com or as provided in the offices of Between The Bridges Healing Center.

Email/Patient Portal: Clinical inquiries should never be directed through any Social Media websites. Simple inquiries by existing patients will be answered at no charge. If there is a need to access the patient's chart in order to review and answer such questions or change a prescription; modify a treatment plan requiring documentation; or review other records before answering the inquiry, there will be a minimum \$75 charge or the customary hourly charge for more complex consultations. We generally only answer email inquiries for registered patients. Email and Patient Portal messages are only checked during regular business office hours. Please allow 2 or more business days for email responses. If you have a medical emergency, seek immediate care or call 911

Refills/Prior Authorizations: Prescription quantities and/or numbers of refills will be more than sufficient until the next recommended scheduled visit. There is a \$60 charge for out-of-office refills required due to lack of timely follow up. Prescription refill requests that trigger a required prior authorization from your insurance carrier will incur a \$45 charge for administrative time to process.

Telephone consultations: Available on request and will require appropriate scheduling. These will be charged out at the customary hourly rates for that practitioner. Payment will be requested by credit card or check in advance.

I have reviewed and agree to the above policies: Printed name: _____

Signature: _____ Date: _____