Fee Schedule 2023

Updated April 10, 2023

Insurance Plans

as of April 6, 2023

You may continue to use your out-of-network insurance plan. Payment for your office visit is due at time of service. A claims form for you to submit to your out-of-network insurance company is available for reimbursement.

*At this time, the only in-network plans accepted are **Anthem BCBS and United HealthCare Choice Plus.***

Insurance Company	Copay	Deductible	Patient responsibility
Anthem Blue Cross Blue Shield	May be found on your insurance card	As determined by your insurance provider	As determined by your insurance provider
United Health Care Choice Plus			

All claims are processed through my billing company. *Please check with your insurance company to be sure **naturopathic physicians** are covered under **your policy.***

Advantage Family Plan

Initial Office Visit	$300-$330 per adult family member; $200 for children under 18			
Advantage Plan Individual	Five 30-min Office Visits	May be used by any family member	10% off supplements*	**$750 when paid in advance save 10% $75 = $675**
Full Price Follow-up Visits: 30 minutes $210 per visit or 45 minutes $240 per visit				

For your convenience, an end-of-year health expense report is available for tax purposes.

New! Concierge Plan

Initial Office Visit	$300-$330 per adult family member; $200 for children under 18			
Concierge Plan	Twelve 30-min Office Visits	May be used by any family member	20% off supplements*	**$1800 when paid in advance save 20% $360 = $1440**
Full Price Follow-up Visits: 30 minutes $210 per visit or 45 minutes $240 per visit				

For your convenience, an end-of-year health expense report is available for tax purposes.

Payment plan and other considerations evaluated on individual financial considerations and hardships.

*No discount on homeopathic remedies.

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Office Visit Fees

To facilitate your claim with your insurance company, you will be provided a formal completed claim (HCFA) form for you to submit to your insurance company as an “out-of-network” reimbursement or you may use your Health Savings Account (HSA).
Please send all messages through your IHC portal.

Initial Office Visit • In-person • Zoom Consults	45 minutes $200 for children under 18 (code 99203) 60 minutes $300 for adult (code 99204) 90 minutes $330 for adult (code 99205)
Follow-up Visits • In-person • Zoom Consults	10 minutes $150 per visit (code 99212) 15 minutes $180 per visit (code 99213) 30 minutes $210 per visit (code 99214) 45 minutes $240 per visit (code 99215)

Services Not Covered by Insurance

Allergy Treatment

AAT Initial	$220	
AAT follow up for 1 treatment	$110	
AAT a series of 5 treatments	$550	$450 when paid in advance **save $100**

Thermogram

Imaging and report	$210
Follow up in 4-6 months 20% discount	$168

May and October are Breast Health Awareness months, and the discounted price is $168

Hypervibe for Osteoporosis

Each session is approximately 20 to 30 minutes, depending on the program selected.

Once a week	$40
2x a week	$30 per session
3x a week	$20 per session

Lab Testing

Quest Diagnostics will bill your insurance directly.
DirectLabs is for those individuals who have no insurance. This lab offers a discounted rate.

Specialty Lab Tests May Not Be Covered by Insurance

- Genova Diagnostic
- Genetic Directions
- Dutch Test
- Rupa Health
- Doctor’s Data
- Precision Pont
- Genomind
- Realtime Mycotoxin test
- Viome
- Cologuard
- Thermascan
- And more

Patient Financial Responsibility Form

1. Individual's Financial Responsibility

- I understand that I am financially responsible for my health insurance deductible, coinsurance, or non-covered service.
- Co-payments are due at time of service.
- If my plan requires a referral, I must obtain it prior to my visit.
- In the event that my health plan determines a service to be "not payable", I will be responsible for the complete charge and agree to pay the costs of all services provided.
- If I am uninsured, I agree to pay for the medical services rendered to me at time of service.

2. Insurance Authorization for Assignment of Benefits

I hereby authorize and direct payment of my medical benefits to Integrated health center on my behalf for any services furnished to me by the provider.

3. Authorization to Release Records

I hereby authorize Integrated health center to release to my insurer, governmental agencies, or any other entity financially responsible for my medical care, all information, including diagnosis and the records of any treatment or examination rendered to me needed to substantiate payment for such medical services as well as information required for precertification, authorization, or referral to other medical provider.

Name of Patient, Authorized Representative or Responsible Party:

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Relationship to Patient:

____

Signature of Patient, Authorized Representative or Responsible Party:

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Date:

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