

Leslie M. Brocchini, MD
Wellness ~ Integrative Medicine ~ Cosmetics
19933 Greenley Road, Suite B, Sonora, CA 95370
209-288-2293

Patient Responsibility Policies

Dr. Leslie Brocchini and her staff are looking forward to working with you in an effort to achieve your health goals. To ensure this, we would like to present a few general policies for which we will hold patients in the practice accountable. You must play an active role in your health care for optimal results. Here are the expectations that we have of our patients:

Keep regular follow up appointments as advised by Dr. Brocchini. We cannot be responsible for your care without your consistency.

_____ (Initials)

Time is limited during your office visit. You should have a Primary Care Provider who treats your basic medical needs and emergencies. You understand that the role of Dr. Brocchini and her staff is for consultations that include a more integrative approach to chronic medical conditions, hormone balancing, nutritional guidance, stress management, and lifestyle modifications only. This may include nutritional and supplemental recommendations as well as prescriptions for bio-identical hormones.

_____ (Initials)

Medical Consultations start at \$200 per 45 minutes; longer consultations can be arranged for more complicated issues. Routine follow-up visits are \$125 per 30 minutes (not including test interpretation); Phone consultations for established patients are \$75 per 15 minutes; Extensive medical advice via email is \$25 per email.

_____ (Initials)

Missed follow up appointments will result in the full charge of the scheduled appointment if the appointment is not cancelled or rescheduled at least **72 business hours** prior to the original appointment time. This fee cannot be waived. Changing or Cancelling Appointments: Please let us know as early as possible if you need to change your doctor's appointment. We regret we must charge \$50 for missed or changed appointments, unless we are given 3 full business day's notice (business days are Monday to Friday). For changes within one full business day, you will be responsible for the full service fee up to \$125.

_____ (Initials)

Please come organized to appointments with a written list of concerns and accurate information on your daily supplements and medications. Time may not permit addressing all of them, in which case, another appointment may need to be made.

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We CANNOT give out your laboratory results over the telephone, by e-mail, mail or fax. A copy of your laboratory results will be given at the time of your office visit. In order for us to forward any records including laboratory results to other practices, we need a request form sent from their office on official letterhead with your signature. This may only be done after Dr. Brocchini has reviewed the test results with you.

_____ (Initials)

Telephone inquiries will be answered as soon as possible and in the order of medical necessity. If you have an URGENT OR EMERGENT MEDICAL PROBLEM, please go to your nearest emergency room or contact your primary care provider immediately.

_____ (Initials)

If you need prescriptions refilled, please contact your pharmacy and ask them to FAX over a refill request. Please allow 10 business days for refill requests. We will return those requests to the pharmacy as soon as possible.

_____ (Initials)

Your appointment is for YOUR care only. We cannot discuss family members or friend's symptoms or treatments during your visit. If other individuals need medical care, they will need to make separate appointments.

_____ (Initials)

Dr. Brocchini does not currently practice hospital medicine. We therefore require you to stay connected with a primary care physician who does have hospital privileges. Our practice is exclusively an office-based practice.

_____ (Initials)

Laboratory Tests: There are several tests that your insurance carrier may not deem medically necessary and therefore will not reimburse. You understand that laboratory testing will be performed to establish my baseline levels and agree to comply with requests for ongoing follow up tests to assure proper monitoring when recommended. Because we look for imbalances in the body and for trends that may result in illness if not addressed, we sometimes order tests that may be considered by consensus-mainstream medicine to be either unnecessary or of no value. These may include tests for nutritional status (such as blood levels of functional vitamin-mineral tests), levels of hormones, neurotransmitters, immune status, toxic chemicals, saliva tests or tests for food intolerances, liver detoxification and stool analysis. Dr. Brocchini charges \$125 for her time interpreting up to 2 tests. If more than 2 tests are ordered there may be an additional fee.

_____ (Initials)

Laboratory Results: We will only call you with the results of any laboratory tests if they contain critical values that need immediate attention. Otherwise, Dr. Brocchini will discuss test results during your next visit.

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Renewal of Medications: Unless you schedule a follow-up visit every 6 months, we will not be able to refill your prescription. Renewal of medication should be done well in advance. Except in emergencies, we do not refill medication after office hours when your medical record is unavailable for review. To get a refill, please have your pharmacy FAX us a refill request at (209) 288-2147.

_____ (Initials)

If applicable, you consent to the administration of bio-identical hormone replacement (including neurotransmitters) and nutritional supplements recommended. You acknowledge that no guarantees or assurances have been made with respect to the benefits of these therapies and the FDA may not recognize all such therapies. Individualized recommendations are offered and applied as an educational and informative consultation. Any action taken as a result of the consultation is done at the sole discretion of the client. Therefore, as noted above, it is required that each patient maintains a primary care physician. You understand that you will be responsible for administration of the therapies at the prescribed doses or schedule you have been told about the risks and benefits of hormone replacement therapy and agree to report any perceived adverse reactions or problems that may arise from my therapy. You understand there are possible risks and complications if you do not comply with the recommended doses.

_____ (Initials)

Your signature below verifies that you have **NOT** been told to discontinue treatments with any other medical specialists or health care providers. In no way is Dr. Brocchini advocating that you forego traditional or allopathic medicine including treatments or recommendations you may have been given by your primary medical doctor or other specialists.

_____ (Initials)

Dr. Brocchini makes available a few select nutritional supplements and other health products. You are in no way obligated to purchase these products from our office or any other specific location or company. You may freely choose to purchase such products from any source you wish. Dr. Brocchini adds a small surcharge to cover stocking, shipping and taxes but does not sell to patients at suggested retail price. As a result, some supplements may be less than the retail price you find at other locations. She can also give recommendations based on her knowledge of specific companies and safety data.

_____ (Initials)

As we are a “fee-for-service” office and are not contracted with any insurance companies, we request payment to be made at the time of service. You have also been informed that insurance companies may not pay for some or all of my hormone replacement (and/or supplement therapy) and labs. Dr. Brocchini has no financial interested in the contracted labs.

_____ (Initials)

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Medicare Recipients Please Note: Medicare does not cover many preventive/integrative/holistic medical therapies/testing services recommended by Dr. Brocchini. Such Medicare patients therefore agree to be responsible for payment in full for the services, and acknowledge that Dr. Brocchini will not submit a Medicare claim for the service and that no Medicare reimbursement will be provided.

_____ (Initials)

Most health insurance plans today have clauses that limit coverage to “usual and customary fees for reasonable and necessary services.” Because many of the treatments used in integrative/holistic medicine are not recognized by consensus-mainstream medicine, we cannot guarantee the amount of availability of coverage for our services under your specific health care insurance policy. You are responsible for the payment of our invoices at the time services are rendered without regard to insurance coverage. You are entitled to know the cost of all services and procedures in advance. Please ask if they are not told to you.

_____ (Initials)

According to Public Health law, any products, kits or recommended supplements cannot be returned for credit or refund under any circumstances.

_____ (Initials)

Dr. Brocchini and her staff always welcome any suggestions you may have about how we can improve our service to you. We are genuinely happy to have you as our patient and are dedicated to your wellbeing. We pride ourselves on providing caring, prompt and knowledgeable service at all times. Should you have any questions, please feel free to ask any of our staff.

I have read and agree to abide by the above office policies.

Signature: _____

Date: _____