

Our Fee Schedule/Charges:

-Congress recently enacted legislation sponsored by the insurance lobby (“no surprise billing act”) which effectively removes the ability of individual physicians or small groups to negotiate reimbursement rates for their services. The result, as predicted, has been a significant drop in reimbursement rate for individual physicians who aren’t part of a corporation.

-In the last 2 years, the number of physicians employed by large corporations has grown from about 25% to well over 75%. Dr.Scaffano believes mixing Corporate America with the practice of medicine is not healthy and risks prioritizing profit over patient care and safety. While physicians are obligated by oath to prioritize the patient, their employer is not.

-In order to maintain the highest level of ethics and patient care, many practices who have not sold out to corporations, have instead chosen a Direct Care model or Concierge model. These billing systems require an annual or monthly membership fee. I don’t believe this model best serves a young, healthy, patient population. Instead, we are offering a fee-for-service model, similar to what you may be familiar with in using insurance. The difference is that we will step away from contracting with your insurer. You will be charged a transparent fee for the services needed and provided a detailed receipt to submit to your insurer, Health Care Savings Account, flexible spending account or for the purposes of tax deduction.

QUESTIONS:

- 1. **What’s the advantage to this system?** *Under this system you will have more time and access to the doctor. You now can send us a message through the chart portal at anytime and Dr.Scaffano is providing her cell phone for emergency after-hours calls. Many patients will spend less over the course of a year with this system. Since we will not be required to keep*

Windhaven Adolescent & Sports Medicine

PATIENT’S NAME: _____ PATIENT’S DOB: _____

CONSENTS :

1. ASSIGNMENT OF BENEFITS: I hereby assign all medical and surgical benefits to the attending Physician. This agreement will remain in effect until revoked by me in writing. A photocopy of the assignment is to be considered valid as an original. I understand that I am financially responsible for all charges whether or not paid for by the said insurance company. I hereby authorize said assigned to release all information that may be needed to secure payment.

Signature of patient (or guardian if under 18 yrs old) DATE

2. AUTHORIZATION FOR TREATMENT: I hereby authorize Laura H. Scaffano, MD and any such assistant or physician as she designates, to render any necessary or advisable treatment.

Signature of patient (or guardian if under 18 yrs old). DATE

3. **Please read first!** AUTHORIZATION FOR PATIENT TO CONSENT TO TREATMENT WITHOUT PARENT PRESENT: I _____ (name of parent or legal guardian) hereby authorize my child/ward, _____ (name of child/patient) to consent to treatment in my absence.

Signature of parent or guardian DATE

4. AUTHORIZATION TO CONTACT: I hereby authorize Laura H. Scaffano, MD and any of her representatives or staff to contact me by the methods listed here. Our practice may use or disclose the patients PHI to contact you by phone, voice mail, email, text.

_____email
_____phone (text)
_____phone (voice mail)

Signature of patient (or guardian if under 18 yrs old) DATE

5. RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT: I acknowledge that I have received, or have been offered a copy, of the Windhaven Adolescent and Sports Medicine Notice of Privacy Practices. _____(initial)

OR I have DECLINED to receive the Notice of Privacy Practices offered by Windhaven Adolescent and Sports Medicine. I understand that I do not have to sign the acknowledgment in order for me/the patient to receive treatment by Windhaven Adolescent and Sports Medicine. _____(initial)

Signature of patient (or guardian if under 18 yrs old) DATE

6. AUTHORIZATION OF THE RELEASE OF VACCINE RECORDS OR SCHOOL/WORK EXCUSES BY VERBAL REQUEST: I hereby authorize Laura H. Scaffano, MD or her representatives to release my vaccine records or a school/work release on my verbal request to the facility of my choosing.

Signature of patient (or guardian if under 18 yrs old). DATE

the insurance company's fee schedule and rules, you will not have to be at their mercy until your deductible has been met.

- 2. Can I still use my insurance for labs and vaccines?** *YES! We currently use a system (VaxCare) which bills your insurance company directly. If you need labs, you may use your insurance or select a cash option which can save a considerable amount of the expense. Our negotiated lab fees give more than 75% discount off the regular lab prices that you are required to pay through your insurance.*
- 3. When does this take effect?** *For most policies, we will no longer be contracted with them in October 2021.*
- 4. When will I pay for my visit?** *You will pay after you have seen the doctor, unless you have an outstanding balance (that will be collected before your visit).*
- 5. What if I'm unable to pay?** *As always, we will be happy to work with you on a payment plan for your visit. When we were contracted with insurance companies, we were obligated to collect at the time of visit or risk fines. Now that we are independent from the insurance contracts, we are free to make our own payment schedules.*