



AN EXPLANATION OF OUR BILLING POLICY

As practitioners and staff, we are passionate about what we do, and we feel that we have a calling to provide our community with the highest quality integrative health-care possible. Because our services are unique, our billing policies differ from conventional medical billing. We have prepared this explanation to answer questions you or your family members may have about the rationale for our billing policies. If, after reading this, you still have questions, feel free to speak with our staff.

Our services are unique in terms of:

1. the substantial face-to-face time we spend with patients,
2. the comprehensiveness of our medical evaluation, which includes seeking underlying causes and contributors to health problems,
3. our emphasis on diet, lifestyle, and prevention,
4. our commitment to natural and least-harmful methods of health care, including nutritional and herbal supplements and mind-body practices, and
5. the comprehensiveness of our research and follow-up.

We also differ from most of our integrative-medicine colleagues, in that Dr. Albert continues to work as a “participating-provider” for selected private health insurance companies and accepts assignment for Medicare. However, like many conventional healthcare practices, and most integrative practices, we do not bill insurance companies with whom we do not have a participating-provider contract.

Regardless of participation, almost no insurers provide coverage for all the services that we provide and that you seek in an integrative practice.

We are often asked why insurance does not cover all of our services, when insurance covers the cost of conventional medical care. We fully understand the financial challenge this presents to some patients and we wish we could sustain the practice only on what medical insurance reimburses. However, after two years of providing time-intensive services and largely billing for only what private insurance and Medicare reimbursed, we found this to be financially unworkable. Essentially, we were providing services for which we were not being paid. Working at capacity, we were able to pay our practice expenses (which we keep intentionally low), but were not able to pay ourselves a salary. Basically, we were working long hours for free. Consequently, we must bill for the parts of our services that are not eligible for insurance reimbursement.

Recently, we have found that the administrative costs associated with processing insurance claims have been steadily rising, while the actual amount reimbursed by private insurance has been declining. On average, it has cost us 20-30% of what insurance pays us to process insurance claims. In addition, the time and energy that it has been taking us to process and then trouble-shoot problems with such claims has been taking us and our staff away from our commitment to providing integrative, individualized care based on cutting-edge science. Therefore, we are moving away from courtesy billing and participating-provider status for private insurance—which has placed the requirements of the insurance company squarely between the patient and the doctor—in favor of billing the patient directly at the time of service. We then provide each patient with a “superbill” with the appropriate diagnostic and procedures codes that can be used by the patient to submit their claim directly to their health insurance company. This is similar to the vast majority of integrative medicine practices in which time with each patient is crucial to individualizing care.

Why is this so?

1. To work with your insurance, Dr. Albert must accept a contract inappropriate for integrative-medical care.

In order to bill your health-insurance company directly, Dr. Albert is required to become a participating provider. He must sign a contract agreeing to accept the fees the insurance company has established for reimbursable services, regardless of whether the fees are reasonable or applicable to integrative care.

The insurance company determines which services the company will and will not cover, and how much will be paid for covered services. In billing insurance, Dr. Albert is required to accept discounted fees for his in-office “evaluation and management” visits, and cannot bill you for the difference between his fee and what insurance companies will pay for these visits. Therefore, we must write-off this difference. With Medicare and certain other private companies, this is at least 50% off the usual and customary fees. We also pay a billing company a portion of all our insurance-based fees for the company’s services in processing and tracking claims.

2. Our care is patient-centered and time-intensive.

Most doctors and clinics cope with the requirements of being participating providers by keeping their office visits very brief, so that they can see many patients within a given time-frame. For many physicians, laboratory, surgical, or high-tech diagnostic procedures provide significant income. In addition, medical visits are generally billed according to medical complexity, rather than time. Dr. Albert would receive the same insurance reimbursement for a 60-minute visit that other physicians receive for a 20-minute visit. Ironically, some patients who complain about their extremely brief and unsatisfactory office visits in other medical practices, simultaneously express frustration that we cannot accept insurance for all our services.

3. Our practice is focused on maintaining health and quality of life, not on drugs or procedures.

In general, insurance companies are not focused on primary prevention (preventing disease) or wellness services. Neither do they recognize the importance of medical nutrition therapy, nor the in-depth investigation of a person’s health that functional medicine entails. They are invested in the conventional model of health care that relies on drugs and procedures (e.g., diagnostic tests, surgery). Their payments are not meant to cover much, if anything, beyond the time involved in conventional care. People often complain that conventional doctors do little to nothing in the way of truly preventive medicine. Please remember that preventive health-care and functional-medicine evaluations take considerable time and expertise on the part of the practitioners. We provide this time and expertise and, of course, cannot do this without adequate compensation.

Some patients have asked why we review and discuss lab work during a follow-up visit when, for the most part, conventional doctors do not. In follow-up visits, we spend significant time discussing your results with you. Using breast cancer as an example, it is relatively simple to inform a patient that her mammogram is normal. It is entirely different to discuss the results of more complex functional evaluations and to recommend practical lifestyle and dietary strategies that actually can help prevent breast cancer, rather than diagnose it early.

4. We combine our expertise to provide the best integrative and the most complete medical care.

Occasionally, a new patient will ask why he or she needs to see Dr. Wright in addition to Dr. Albert. We are committed to the functional-medicine (i.e., complete medicine) model that addresses the underlying causes of your symptoms with specific nutritional and lifestyle recommendations. Dr. Wright’s services allow us to provide high-quality, functional-medicine based, nutrition evaluations, as

well as patient education, nutritional protocols, and supplement recommendations that are coordinated with your medical care.

5. We spend time on your care beyond face-to-face visits, and must charge for parts of it.

We spend considerable non-reimbursed time each week (a) consulting with each other and outside practitioners regarding your care, (b) reviewing your records and possible treatment plans, (c) providing patient referrals to other practitioners, (d) developing treatment protocols and patient-education materials, (e) evaluating nutritional and herbal supplements, and (f) meeting with staff to improve our services. We also spend considerable time and expense keeping current with the latest developments in preventive medicine, and evidence-based complementary and alternative therapies. Former Senate Majority Leader Dr. Bill Frisk said that there is generally a gap of 17 years between the advent of new important treatments and when they become standard practice by physicians. We strive to bring current knowledge to benefit your health sooner.

We charge for (a) telephone consultations, (b) e-mail communications, (c) review of patient medical records when those records are extensive and beyond what is usual and customary, (d) formal consultations with other practitioners, (e) letters other than those written to referring physicians, (f) completing forms and reports, and (g) research that is specific to your situation and cannot be applied to our patient population. Our pay is based solely on the time and services we provide. Like all non-salaried professionals, including lawyers and accountants, we must charge for our time so we can afford to provide you with care and remain in business.

We have chosen this work because it is our passion and calling, not because it is a way to make a lucrative income. In fact, most medical doctors who choose to practice functional medicine know that their income will be substantially lower than it would be if they were practicing in a more conventional manner that is fully supported by the health-care reimbursement system.

We are committed to providing integrative care to the community. For people for whom payment of medical care is a genuine financial hardship, we will negotiate the means to provide care.