



**BioFXN**  
Personalized Innovative Healthcare

Dr. Anna Martin, ND  
*Functional Medicine Doctor*

*Powered by Rebound SportsMed*

## Payment and Policies

Greetings,

We are very excited to begin your new health journey with you. This document will explain our expectations of you as our patient and let you know what to expect during your visit.

### **What to expect**

#### *Initial Office Visit*

Initial intake office visits are a bit longer than follow up visits, which allows Dr. Martin to get to know you and address your health holistically. The first office visit is **60 minutes** in length.

During the first visit, Dr. Martin listens to your health concerns, gathers a complete and comprehensive medical history, performs relevant physical exams and may suggest additional laboratory tests. It is helpful for you to bring previous lab work (the last 5 years), any relevant imaging and all current medications and supplements to your first visit. You will walk out of this visit with specific treatment recommendations based on your individual needs. Depending on the nature of your complaint, physical therapy and treatment may also be completed in office during the first visit depending on time limitations and the nature of the complaint. Please wear comfortable, loose fitting clothing to your appointments, if at all possible, to allow for movement and treatment.

Dr. Martin practices using the least intervention for the greatest benefit: her protocols are designed to address your symptoms while she also creates a plan to address the cause of your illness. Dr. Martin's protocols are informed by evidence-based research on both natural and conventional therapies.

In most cases it will be worthwhile to have Dr. Martin review your intake and become familiar with your case before the initial visit. If requested, be sure to send the relevant documents to Dr. Anna Martin, ND in advance of your visit. You also might find it helpful in preparation for you to keep a journal, write a chronology or prepare a summary of your health complaints. If you have done so or can do so in advance of the initial visit, please send those documents as well so that you may have fully researched and considered advice, tailored to your specific concerns.

## Cost of Services

Dr. Anna Martin has a cash based practice, as many of the services she provides are not covered by insurance. Instead of the patient receiving a hefty bill for non-covered services, and the provider having to provide sub-par service due to insurance limitations...she bills for her time directly.

### *What this means to you?*

You will only be billed for your time, in 30 minute increments. If Dr. Martin, chooses to use therapies or treatments in office, she will not bill extra for those services. For example, if she uses cold laser treatment or red light therapy on you during your visit, you will not be charged the extra \$150 that we would usually bill for this service on top of the normal visit charge. Instead, it will be included in your normal visit charge. This treatment is not typically covered by insurance. The exception to this is products and supplements, equipment, and any type of injection. These are billed out at the normal retail cost. Technology or machines that are used outside of appointments are billed to the you separately. These costs, if any, will be discussed when prescribed in office.

### *How much are visits?*

The charge for the initial office visit is \$300 per hour, and future visits are \$175 per half hour or \$300 per hour. This includes a time of service discount of 20%. All fees are due at the time of service. We require a credit card on file for all patient appointments to hold your spot on the schedule. Dr. Anna Martin does not accept insurance, but can provide you with a superbill for you to submit to your insurance directly. The superbill does not ensure coverage, and we cannot help you with your claim submission or the claims process. If you are looking for a superbill to assist you with insurance reimbursement, you must verify your coverage with your insurance company at least 2 weeks before your initial visit and let us know prior to your visit that you will need a superbill after paying for your visit. Dr. Anna Martin, Bio FXN, PLLC and/or Rebound Sports Med are not in any way responsible for your insurance company's reimbursement of your claim nor can

we guarantee coverage of your claim. Depending on the case, we may take a personal injury claim. However, you need to have our permission prior to your visit to do so.

### *What if I need to cancel?*

Because Dr. Martin has limited hours available, we ask that all cancellations be made 48 business hours in advance. This means the Thursday before your Monday appointment, you would need to call to cancel. This allows us to fill the spot with another patient in need of care. The cost of a missed appointment will be the full cost of the scheduled visit. Late show visits past 15 minutes into an appointment will be rescheduled and charged the missed appointment fee. Please help us better serve all of our patients by writing down your appointment time, and giving us as much time to schedule another patient in your stead. Missed appointment fees will be charged to the card we have stored securely in your HIPAA privacy protected patient file. I thank you in advance for arriving with time to spare and allowing me to spend a full appointment addressing your concerns. You deserve the full allotted time! We look forward to meeting you and being part of your health journey!

Warmly,



Dr. Anna Martin, ND

Patient Acknowledgment: By signing my name below, I certify that I have received and read the office policies, cost of visits and procedures, and agree to comply with the information provided above. Any questions concerning these policies have been discussed. My signature also certifies my understanding of and agreement with the above policies. I understand that I am financially responsible for all charges, including those submitted to an insurance company by a superbill. I agree to pay all services in full at the time of service. I understand that Dr. Martin's services are not covered by Medicare and these services may be offered by another practitioner who is covered by Medicare. I agree to pay all costs incurred by treatment with Dr. Martin. A photocopy of this document is as valid as the original. You may receive a copy of this document upon request.

\_\_\_\_\_  
Patient (or Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Credit Card Information**

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

3 digit CVV number on the back of your card: \_\_\_\_\_

Patient Acknowledgement: I acknowledge and accept these terms and conditions. I also agree to waive any charge back rights in the event of a dispute, and requests for a refund must be submitted in writing along with all documentation in accordance with standard policy of company issuing credit card. A receipt will be sent via email on the day the charge is made: \_\_\_\_\_ (Initial)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_