

## Armen Nikogosian, MD - General Office Policies

*Please review carefully. Sign and date.*

- Patient Responsibility: You are encouraged to ask questions on any health-related topic and to take an active role in your health-care.
- Confidentiality: Information revealed during office visits is confidential. Your record and the information contained within it will not be disclosed to others unless you direct us to do so in writing. Exceptions to this confidentiality include disclosure of the intent to harm yourself or others and subpoena from specific government agencies (as outlined in the HIPAA Privacy Rule).
- Treatment Plan: Each treatment plan and/or procedure possesses both risks and benefits. You are encouraged to ask questions if you would like additional information. Although your plan will be thoroughly researched and customized to your individual personal goals and health status, no guarantees can be assured regarding the outcomes of treatment plan(s) or procedure(s).
- Varying Degrees of Evidence. While we strive to follow the best evidence to formulate the optimal therapeutic plan, functional medicine is still a new and cutting edge aspect of medicine and as such some treatments will have varying degrees of evidence. Any treatment which is experimental will always be clearly outlined as such to the patient prior to beginning any treatment plan.
- Office Visits:
  - Effective June 1st, 2023:
    - **Initial Consultation is \$800.00.**
      - 90 minute consultation
      - Detailed report and treatment plan
      - Email access for 90 days from date of consultation
      - \$275 deposit due at time of scheduling and \$525 balance due prior to consultation.
    - **Followup Consultation is \$350.00**
      - 45 minute consultation
      - Detailed email report and treatment plan
      - Email access for 90 days from date of consultation
    - **Targeted Followup Consultation is \$195.00**
      - 25 minute consultation
      - Targeted email report and treatment plan - if appropriate.
      - Email access for 30 days from date of consultation
      - Targeted Followup Consultation is available in only certain clinical situations and requires pre-approval by SWFM staff.
    - If a longer visit is necessary, you will notified of this prior to your appointment.
    - There is no refund for services provided.
    - You may be eligible for out-of-network insurance reimbursement or tax deduction for medical services. Documentation for this will be provided upon request.
- Supplementation and Pharmaceuticals. All treatment recommendations, including but not limited to supplementation, herbs, peptides, homeopathic remedies and pharmaceuticals should ALWAYS be communicated to other providers engaged in your healthcare. This is required and is the patient's responsibility.

- Insurance: We do not accept any insurance. All fees are settled directly between patient and provider. At the patient's request, we will provide you with the necessary forms and diagnostic codes needed for you to submit an out-of-network claim to your insurance. Please note that we are not Medicare providers and are opted out of the Medicare program. Our services can not be submitted to Medicare for reimbursement.
- Payment: We accept cash, money orders and most major credit cards. Checks are not accepted.
- Cancellation policy: When an appointment is scheduled, time is reserved especially for you and no one else. Since our appointments are much longer than standard office visits, cancellations are significant interruptions to the Clinic.
  - New Patient appointments: Minimum 7 days notice. Your \$250 deposit will NOT be refunded if you cancel your initial consultation in less than 7 days from appointment date. Please just be courteous and give us at weeks notice
  - Followup appointments: Minimum of 2 days notice is required for cancellations of existing patients. There will be a 100% office visit charge for "no- shows" or late cancellations.
- Specialty Laboratory Testing: Our clinic frequently uses specialty testing. These are usually an out-of-pocket expense. Occasionally, there is some insurance coverage. We will guide you through identifying the costs associated with your testing.
- Treatment Plan Questions: We encourage patients to call or e-mail with questions regarding their treatment plan. Email correspondence is intended for clarification and modification of the current treatment plan only. If there is a need for longer discussion regarding new symptoms or new concerns, then you will need to schedule an additional follow- up appointment. Questions that require longer more than a five minute response fit this scenario. Additionally, if it has been longer than 12 weeks since your last appointment, schedule an appointment rather than email.
- Emergencies and after-hours care: We are not a primary care clinic - we offer consultative services only. *You must have a primary care doctor with whom you can consult in the event of an emergency or urgent problem.* If you notice an adverse effect from one of the components of your Clinic treatment plan, you should discontinue it then email or call the Clinic during normal business hours. If you have a serious health problem that requires immediate attention, you should call your other doctors(s), call 911, or have someone take you to the nearest hospital emergency room.
- Please email us at [info@swfunctionalmedicine.com](mailto:info@swfunctionalmedicine.com) for any questions regarding this policy.

I agree to all terms and conditions of these General Office Policies.

Signature:

Date:

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*I agree to allow Armen E. Nikogosian, MD to use or to describe my anonymous medical history and laboratory data for educational purposes in lectures, blogs, case reports, and other publications that are communicated to other professionals, but may include members of the public. This medical history and laboratory data might include photographs and/or other images of parts of my body other than my face (nutrition/physical exam findings only). Armen E. Nikogosian, MD will never publish any information that uses my name or that identifies me as the source of any of the information, data, or images that it publishes. If you do not wish to participate, initial here: \_\_\_\_\_*