



Dear prospective patient,

We appreciate your interest in pursuing your health with us. We started this integrative and holistic medical practice intending to take exceptional care of our patients in a manner that is rare nowadays and hoped traditional insurance/Medicare reimbursement would adequately compensate this style of medicine. But it does not. Our integrative and holistic approach enables a more thorough and personalized disease prevention and wellness plan to be designed for you to achieve and maintain your optimal *health, vitality and longevity*. Unfortunately, traditional medical reimbursement does not sufficiently fund the type of personal medicine we want to deliver. This is why the national average office visit is only 7 minutes. We do not wish to deliver suboptimal care to conform to current reimbursement structures. As such, we have implemented a “Holistic Surcharge” per visit to align reimbursement with our unique medical offerings.

Providing tangible, meaningful and valuable health care is our goal. We deliver general family medicine, IV nutrition, osteopathic manipulation, homeopathy, bio-identical hormone therapy, herbal and vitamin therapy, highly useful labs, and other services. Our goals also include short waiting room times, plenty of time spent with the doctor, relaxing ambience, quick appointments for established patients, on-site access to supplements, and convenient in-office lab draws. We facilitate extremely comprehensive labs via Health Diagnostics Laboratory that are worth up to \$3,000. Currently, patients with insurance are not charged a penny out of pocket and cash patients are only charged a few hundred dollars. This is a tremendous value!

Delivering this level of personal care and wellness solution offerings requires that we limit the number of patients we can serve. Insurance and Medicare reimbursement, however, are designed to provide relatively modest fees for numerous interventions. This mandates a large patient pool with abbreviated patient interactions. Reimbursement has decreased over the years while costs have increased, and now only cover “medically necessary” treatment. Integrative/holistic treatments are typically not covered. Furthermore, after-hours communications primarily involved in reducing anxiety, or educating patients with science-based guidance are *not* covered.

We believe that extraordinary personal wellness beyond what insurance plans or Medicare can or will cover is made possible with patients choosing to invest in their health and help fund the delivery of these services. Therefore, in addition to any insurance co-payments, co-insurance, deductibles, ect., we have implemented a Medical Practice “Holistic Surcharge” fee at the following rates:

- Each office visit where doctor spends **20 minutes or less with patient: \$75.**
- Each office visit where doctor spends **greater than 20 minutes with patient: \$150.**

Some Health Savings Accounts or Flexible Spending Accounts may cover this “Holistic Surcharge”.

Our “Holistic Surcharge” is quite modest when compared to what most folks pay for a daily cup of Starbucks coffee, or cable television, or cell phone monthly subscription fees. We hope you prioritize this investment in your health. We priced the “Holistic Surcharge” fee to be fair, especially considering that the local average integrative/holistic doctor takes no insurance at all and charges \$300 per hour cash.

This “Holistic Surcharge” fee covers services that are not covered by your insurance or Medicare: time spent during office visits beyond what is deemed “medically necessary,” prescription changes handled outside of an office visit, health coaching, regular e-mailed health newsletter, and on-site supplements. On an as-needed basis, we also offer in-office comprehensive ultrasound screening for heart and vascular abnormalities as part of our prevention emphasis (*we want to catch problems early, before disease onset*).

We are on-call 24-7 with the exception of when we are at a medical conference or on vacation when a capable physician will be covering. In order to deliver this version of highly personal care, our medical practice will be limited in number compared to the average medical practices which have 2,500 patients which makes you just one of very many faces, and forces physicians to practice *reactive* care (sick care) instead of *proactive* care (preventive and wellness care).

If you will be coming to the office for nutritional IV therapy then this this “Holistic Surcharge” fee will apply to your first intake visit with the doctor but will not apply to following visits where only nutritional IV therapy is received.

With our country’s inefficient health care system and reimbursement structure that rewards *reactive* care (sick care) but not *proactive* (wellness care), the “Holistic Surcharge” fee enables us to provide you the exceptional integrative and holistic care you deserve. Through this practice model, we commit to taking the time and resources needed to optimize your health.

Please know that we will treasure being a part of your life’s journey and hope with all our hearts to work with you in our quest toward optimal health.

To Health!

Annie Kuo, D.O.

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**OASIS FAMILY MEDICINE INC.**  
**Anne Kuo, D.O.**

**Patient Agreement**

**Patient consent for Treatment**

Patient authorizes Dr. Anne Kuo, D.O. to provide Patient with medical services, specifically integrative and holistic medical services that are distinct from conventional allopathic medicine.

**Payment Assignment and Financial Responsibility**

Patient authorizes Patient's health insurance plan ("Health Insurance Plan") benefits to be paid directly to Oasis Family Medicine Inc. ("Medical Practice"). Patient agrees to pay any required co-payments at the time of service. Patient also understands that Patient is responsible for payment of any required co-insurance or any services not covered by Patient's Health Insurance Plan.

**Holistic Surcharge Fee**

Dr. Kuo, practicing medicine for Medical Practice offers the following Holistic Surcharge amenities not covered by Patient's Health Insurance Plan or Medicare:

- Holistic/integrative health consults, tests, and services beyond any applicable Medicare or other Health Insurance Plan both in scope and frequency, and regardless of apparent initial condition. In other words, we engage in proactive testing and analysis before a medical condition arises, and before a diagnosis, with integrative/alternative medical approaches not reimbursed by Medicare or Health Insurance Plan coverage.
- Periodic health/wellness educational newsletters;
- Access to specialty laboratory test kits on site;
- Access to supplements on site with related guidance.

All of the above are collectively our Medical Practice "Holistic Surcharge Amenities" covered and compensated by our **per visit fee that is paid in addition to insurance fees and co-payments**. In no event shall our "Holistic Surcharge Amenities" cover or pay for any medical services covered by Medicare or Patient's Health Insurance Plan. Patient must never submit to Medicare or Health Insurance Plan a request for reimbursement for the Medical Practice "Holistic Surcharge Amenities".

Medical Practice reserves the right to charge Patient reasonable fees for IV nutritional therapy not covered by Patient's Health Insurance Plan.

In no event shall "Holistic Surcharge Amenities" be deemed to include "access" to Medical Practice, abbreviated scheduling or extended office visits, "care coordination" with other physicians, emergency medical services, or "24/7" communication access (other than as specified above). The delivery of any of these "Holistic Surcharge Amenities" may potentially occur incidentally and all medical services covered by Medicare or other plans shall be billed to Medicare or Health Insurance Plan.

**In ADDITION to any insurance co-payments, co-insurance, deductible**, the "Holistic Surcharge" fee for Amenities is as follows;

- Each office visit where doctor spends **20 minutes or less with patient: \$75.**
- Each office visit where doctor spends **greater than 20 minutes with patient: \$150.**

Medical Practice participation is personal to each individual accepted into the Medical Practice, and may not be assigned. The Medical Practice reserves the right to adjust any fees at any time. Either party may terminate participation in the Medical Practice with thirty (30) days written notice. The Medical Practice may terminate this Agreement at any time should Patient fail to timely pay billing statements for health care services provided, or violate Medical Practice policies or instructions communicated to Patient.

**Credit Card on File**

The Medical Practice has several payment options for Patient’s convenience, including cash, credit card, or check (made payable to Oasis Family Medicine Inc). However, Medical Practice does **require a valid credit card to be kept on file at all times.**

**The Patient agrees to fill out a separate “Credit Card Authorization” form that authorizes the Medical Practice to charge any “Holistic Surcharge”, missed appointments, emails/phone calls at \$50 each, co-payments, co-insurance or overdue bills, as well as any other charge incurred at the Medical Practice**to the referenced credit card until such authorization is revoked by Patient or this Agreement is terminated.

The credit card or debit card information will be stored in a secure HIPAA compliant manner.

Patient may elect to authorize additional fees for professional services from the above-referenced credit card.

Some health care services provided by the Medical Practice may not be covered by Patient’s Health Insurance Plan or Medicare. Patient will be solely financially responsible for those charges. If Medical Practice is an in-network provider for Patient’s Health Insurance Plan, the Medical Practice will bill Patient’s Health Insurance Plan for health care services provided by the Medical Practice physician or staff that are covered by Patient’s Health Insurance Plan. Patient will be financially responsible for all co-payments, co-insurance and deductible amounts under any of Patient’s Health Insurance Plan. Patient will be billed immediately upon service and credit card charged within ninety (90) days of such billing for (1) any fees not collected at the time of health care service; 2) co-insurance and deductibles for Medical Practice health care services provided; and 3) charges for health care services provided not covered by Patient’s Health Insurance Plan or Medicare. If the Medical Practice is out-of-network for Patient’s Health Insurance Plan, the Medical Practice will provide Patient a billing document (i.e. a “superbill”) outlining medical services provided to Patient that Patient may submit to Patient’s Health Insurance Plan. In no event, however, may Patient submit any portion of the “Holistic Surcharge” Medical Practice fee to Medicare or Health Insurance Plan.

The Medical Practice Holistic Surcharge fee is a fee charged for Patient to secure certain amenities not covered by Medicare or Health Insurance Plan. Patient shall be financially responsible for the Medical Practice services covered by the Holistic Surcharge as well as all Medical Practice services that are not covered by the Holistic Surcharge. Under no circumstances shall the Medical Practice charge Patient personally for any health care services covered by Medicare orHealth Insurance Plan.

Patient’s enrollment and participation in the Medical Practice shall be completed with the execution of this Agreement. This Agreement shall be governed by the laws of the State of California without application of choice-of-law principles. This Agreement replaces and supersedes all prior agreements between Patient and the Medical Practice. This Agreement may not be modified absent a writing signed by Patient and an authorized representative of the Medical Practice. If any term of this Agreement is deemed invalid or in violation of any superseding law or policy, the remaining terms of this Agreement shall remain in full force and effect.

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Signature of Patient/Legal Guardian/Legal Representative

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Date

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Print Patient’s Name

\_\_\_\_\_  
Patient’s Date of Birth

\_\_\_\_\_  
Print Name of Legal Guardian

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Relationship to Patient