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Naturopathic Medicine Non-Covered Services Agreement / Good Faith Estimate

Naturopathic and Supporting Services to Office Visits

The following are the out-of-pocket costs associated with services at Rebel Med NW when insurance *does not* cover or provide benefits for the **procedures listed below**:

Concierge Fee: Insurance Based Visits (~waived with membership) \$25/30 min \$50/60min

| Osseous Manipulation Therapy (OMT) Based on # of Regions Treated (CPT:98925 – 98929) | \$50, 75, 100, 125 |
|---|--------------------|
| Osteopathic manipulative treatment includes thrust (active correction), muscle energy, high velocity- | |
| low amplitude (HVLA), articulation, myofascial release, visceral and craniosacral techniques | |
| • Note: certain individual plans allow a specified number of visits per year for spinal manipulation | |
| alone as seen in your chiropractor benefit summary, while other plans combine OMT along with | |
| other services such as physical therapy (PT), rehabilitation therapy (RT), occupational therapy (OT), | |
| and/or massage therapy (MT). | |
| Biofeedback (CPT: 90901) *when billed in addition to insurance based 30 min office visit. | \$125* |
| Biofeedback Therapy is utilizing sensors including heart rate, respiration, muscle tension, sweat response, | 3 pack = \$350 |
| and temperature. This increases an individual's awareness of when one is stressed or relaxed. This | 6 pack = \$675 |
| information guides an individual in the body's response to stress and how it creates a cascade of | |
| symptoms forming a condition or disease. Example : Office Visit (copay/coins)+ \$125. Package non- | |
| insurance pricing is an option. | |
| Trigger Point Therapy (CPT: 20552, 20553) + Non-Covered Supply cost (\$20) | \$75/100 + \$20 |
| An auxiliary service that is often utilized in combination of physical treatment (such as acupuncture, | |
| and/or osseous manipulation therapy). This therapy involves normal saline with a combination of pain | |
| relief intramuscular substance(s) to be injected at trigger point locations (single or multiple trigger points, | |
| 1 or 2 muscles (20552); 3 or more muscles (20553). Direct application of pressure and treatment aids by | |
| releasing surrounding tight fascia and muscle, improving blood circulation, and alleviating pain. | |
| Additional Education Time (CPT: 99417/99401/99402) (15min/30min) | \$50 / \$100 |
| When added to a traditional office visit code (99215) Any <i>additional 15 minutes</i> of time taken to educate | |
| patients on exercise, stretching, and strengthening procedures falls into "Additional Education Time": | |
| including anatomical education, setting up proper form, explaining full protocol of tx plan, with safety | |
| guidelines and modifications to meet the patient's needs, advice on duration, dosage, or frequency of | |
| treatment, that is to be performed. Additional guidance on diet, lifestyle, prevention, sexual health | |
| education, safety, etc as appropriate for optimizing health. | |
| Vitamin Injection Services (Vitamin B12, B5, B6, B Complex, Lipotropic, Glutathione, Immune) | \$25-\$90 |
| We provide performance-based vitamin / nutrient injections that are traditionally not covered by | See menu |
| insurance for general wellness, immune health, neurotransmitter support, energy, and detox support. | |
| Vitamin IV Therapy Services | \$75-\$400 |
| Similar to an injection, but placed with catheter and direct intravenous infusion of B Vitamins, Vitamin C, | See Menu |
| Magnesium, Minerals, including iron* | |
| *Iron infusions are only IV infusion capable to be submitted to insurance, but additional supply cost | Iron Sucrose: |
| charge applies to all Iron IV infusions. Minimum cost of \$275 for 100mg and \$425 for 200mg infusion is | \$150/noncovered |
| required if denied by insurance, Advanced Beneficiary Notice required due to insurance reimbursing | per 100mg |
| below market cost of supplies. | |
| ~Advanced / Specialty Lab Review (DUTCH, GENOVA, CYREX) | \$100 |
| If and when specialty labs are requested or utilized as part of your naturopathic assessment, the reports | |
| may need additional expertise review, clinical consultation, and group review to understand future | |
| treatment protocols. These labs are separate from the traditional medical system which commonly tests | |
| typical tests from blood (serum). These can include specialty stool, urine, blood, saliva, and breath. During | |
| office visits, our physicians will guide you what is common medical standard versus what is considered | |
| specialty lab test from typical insurance coverage-based testing. | |
| ~Blood Draw & Processing: Blood draw fee of \$25 for standard labs & \$50 for advanced /specialty labs | \$25 / \$50 |
| ~Kinesio Taping Application and Supply cost | \$20 |
| ~Prescription Request outside of visit or Administrative form requests (FMLA) | \$50 |

| Office Use: | Updated: 9/14/2024 | 1 |
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Naturopathic Medicine Non-Covered Services Agreement

No Show Fee: 50% of expected cost of visit or service up to \$125 max.

The No Show/Late Cancellation fee is applied to cancellations made less than 24 hours in advance or the visit is No-Showed. This is to cover the loss for the provider because we did not have the time to fill the opening with another appointment. First No-show/Late Cancel will be a courtesy reminder and emergency events or illnesses are exempted, but please try to let us know as soon as possible so we can attempt to fill the space with the patients on our Waiting List.

Rebel Med Non-Covered Services:

The naturopathic physicians at Rebel Med NW are highly skilled and deliver quality service that is to the extent of their scope of practice. Their medical training informs their evaluation and assessment and what they feel is medically necessary to help patients meet their goals, especially when it comes to getting patients out of pain and discomfort. Our costs reflect the expertise of our providers as well as the time outside of treatments that they spend on documentation and research on the patient's behalf. We strive to make our medicine accessible to all who seek care and we do this by maintaining In-Network contracts with most insurances. However, not all insurances or insurance plans will cover all of the services and procedures that we offer. More insurance plans are including alternative medicine services, but it is still considered new and experimental therefore coverage is sometimes limited. In such cases we offer the above Non-Covered Services rates that are based on the market rate for time-of-service pricing for these services in the greater Seattle area. The reason that we have therapies pieced out is because insurance plans may provide some benefits for some services and not others, so this makes it easy for us to convert the services that are denied to our Non-Covered services fee rates.

The services provided by our naturopathic physicians come from a place of compassion and the callings of a healer. In order to respect the time and quality of service provided, anything that is not covered by insurance will become Patient Responsibility. Our office offers to look up our patients' insurance benefits as a courtesy. They have become guite good at what they do and strive to advocate and educate patients about their financial responsibilities. Some insurance companies and plans are more accessible and transparent than others, and it is the responsibility of the individual to understand the benefits covered by their insurance plan.

| , | erstand that I am financially responsible for any and all services and for treatment, having been informed about options available, should my rtial benefits for the services performed. |
|-----------|--|
| Signature | |
| | of the below insurances this is what our office has typically witnesse |

d in regards to coverage, subject to change, and subject to individual plan policy. Below is for estimation purposes only, to assist in our ability to provide a good faith estimate.

| | 1 , | Danasa / DCDC | 1 | |
|------|----------------------|---------------|------------|---------------|
| Kev: | + = commonly covered | / = mixed - | = no benef | its typically |

| | Lifewise / | Regence / BCBS | Cigna / | Molina Marketplace | First | Kaiser PPO (ND) |
|---------------|--------------|----------------|---------|--------------------|--------|------------------|
| | Premera BC / | / Uniform / | ASH | & Medicaid(until | Choice | Aetna (Dr.Simon) |
| | Anthem | HMA | | 12/31/24) | | |
| Office Visit | + | + | + | + | + | + |
| Annual Exam | + | + | + | + | + | + |
| Spinal Manip | +* | + | - | +* | + | + |
| Trigger Point | +* | + | + | +* | + | - |
| Extended Time | + | + | - | + | - | - |

^{*}Not covered in some cases when paired with office visit, may be denied by insurance and subject to discounted direct pricing rate for procedure when performed same day as office visit.

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