

SOLUTIONS ALTERNATIVE HEALTHCARE



To ALL of our wonderful patients:

I am humbled by the immense amount of positive support I have received from patients regarding my recent practice decision. In case I have not had the opportunity to discuss this with you in person, here is an open letter to my Non-Medicare insurance patients:

I've been fortunate enough to have had you all trust me with your care and even refer friends or family. I have come to a crossroads of needing to make some changes though. Unfortunately ***insurance companies do not allow the level of care that we provide***. For instance, many plans will not allow the patient to have muscle work *and* an adjustment on the same day on the same area even though they are both part of the same injury/issue. The muscles are connected to the bones — this relationship is the very basis of biomechanics, and therefore, very important to many patients' treatment. This is why so many people have some kind of soft tissue work during their visit with us. The insurance companies disagree with my approach and want you to come back on a *separate day* for those therapies.

Many are also denying an exam and treatment of your issue on the same day. *They want patients to return a separate day for treatment*. They dictate what type of care you need without so much as talking to you about what the issue is. Due to this fact, I have too often been forced to take the difference between the care we have given and what patient plans will pay as a loss for most of my almost 9 years in practice.

Insurance companies are also becoming increasingly restrictive and denying more and more claims which I then have to spend additional time (usually far longer than our visit actually took to complete in the first place) appealing the claim(s). Sometimes I feel like the goal is to deny so many claims that we (doctors like me) just give up.

The idea of having a doctor-patient relationship without a profit-driven company in between us is freeing. Just as I'm sure you couldn't work for someone you knew wasn't treating employees or customers with the respect and care they deserve, I can't do it either. ***I'm choosing not to work for the insurance companies anymore. I work for my patients.***

I understand some of you may have to leave the practice for financial reasons (the lucky few folks with very low copays or very low deductibles) and I understand. Due to the fact that I am a "go with the flow" Doc and (with some exceptions) do not generally see most patients more than a few visits for a single issue, I'm hoping those patients will choose

to stick around regardless. But if it's not possible, I understand, and I will refer those patients to another provider of their choice and provide the new doctor with a summary of care (if the new doctor requests it).

I will no longer be in network with Aetna, Blue Cross Blue Shield, or United Healthcare plans. Several years back, I had already ended my contracts with Cigna, Multiplan, PHCS, and Humana as many of you already know.

What does this look like financially for patients?

This answer varies significantly from plan to plan. Obviously it would affect patients with very low copays or low deductibles the most. As mentioned though, most patients only see us a few times a year, so I hope I'll be able to continue seeing the patients lucky enough to be in this category. *Keep in mind that most can still use their HSA card for care in our office.*

Medicare patients will be unaffected - even those with "Medicare Advantage" plans through another major network. Going out of network with Medicare would mean that I could not legally treat a Chiropractic patient over the age of 65 AT ALL and I would have to turn those patients away which I will not do. Other major network patients (non-Medicare) have the choice to see whichever doctor they choose regardless of network status.

Most people these days have higher copays and/or deductibles (most never meet their deductible) and so this change may affect their out of pocket expenses by as low as \$0 (high deductible United Healthcare patients) per visit up to \$10-\$25 (high deductible BCBS/Aetna patients) per visit for most types of visits.

Anyone who would like to file an out of network claim may do so. We are happy to supply the documentation needed to facilitate that option.

I've included a copy of our fee schedule for your reference. If you have any questions, please contact us. If there are more specific financial questions, an email may be best as it may take a few minutes to look at your current insurance situation in order to compare and give you an accurate picture of what to expect.

Again, I appreciate the support I've received regarding this decision. I am thankful to have all of you in my life. I continue to enjoy getting to know you and your families.

Warm Regards,



Amy "Doc" Gonzalez, DC

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Fee schedule (Update for January 2019)

\$40 New Patient Exam/Consult

\$20 Existing Patient w/New Injury/Re-Exams/Required Yearly Exam/School Physicals

\$45 Chiropractic Full Spine Assessment and Adjustment

\$15 Chiropractic Extremity (non-spinal) Adjustment

\$45 Acupuncture

\$25/unit (Time-based) Other Soft Tissue Modalities/FST/Graston

30/60/90 min Massage: : \$35/60/85

New Patient Exam/New Injury Exam: including but not limited to physical examination, orthopedic testing, neurological testing, radiographic referral, and anything else leading to a diagnosis and recommendations for treatment

Existing Patient New Injury Exam/Yearly Exam: review of current and past injury and/or review of current health status, record updates, any pertinent examination as listed above.

NOTE: This must be done yearly on EVERY patient in order to comply with the Texas Board of Chiropractic Examiners

Chiropractic treatment: including but not limited to review of current state, examination of range of motion of individual spinal segments/extremities, manipulation of any spinal segments/extremities affected

Acupuncture treatment: needle placement with a 20 to 30 minute treatment

Soft Tissue Modalities (by Doctor and/or Medic): muscle or connective tissue therapy including any or many of the following: manual manipulation, Fascial Distorsion Model, Fascial Stretch Technique, active myofascial therapy, stretching, exercise instruction, home instruction, etc. for spinal or extremity issues. The level pertains to the complexity and time spent.

Massage Therapy (by LMT): 30-90 min Swedish massage concentrating on general circulation/relaxation work and/or specific areas of complaint