

Bloom Functional Medicine

Changes as of July 1, 2023 for those patients NOT choosing a membership plan.

Fee for Service-FFS (Current model-**NO CHANGE**)

For those patients not choosing a membership plan, you will still be able to use your current insurance for those with in-network plans. This is referred to as a Fee-for-service (FFS) model. We will continue to bill in-network insurance plans for your care. There will not be access to consult Dr. Worden between office visits and all necessary care will **only** be provided at an office visit. This will include **ALL** prescriptions, refills, lab orders, referrals, supplement recommendations, clarification of treatment plans and advice. If you need any care between office visits, then you will have the following options; 1) schedule an office visit, 2) do an E-Visit (send a portal message) or 3) defer care to your primary care physician.

1. **Office visits** (**CHANGE**) will be limited to 30 minutes for ALL visits. Dr. Worden will also spend up to 10 minutes preparing for your visit with review of your chart (including labs, messages, updates, etc) and 10 minutes after your 30 minute visit to prepare patient instructions and complete the chart note as well as insurance claim submission. Please note, if you extend the visit beyond the 30 minutes, there may not be enough time to prepare patient instructions.¹

FFS Visit frequency: (**CHANGE**) Patients choosing the standard FFS model and not choosing a membership, will be limited to schedule 1 visit with Dr. Worden per calendar month.² You will have an option however or being placed on a waiting list in case an earlier appointment is available.

FFS/Patient Responsibility office visit cost: (**NO CHANGE**) Given the fee for service (FFS) model, your insurance company will determine your Patient Responsibility (PR) once your claim is processed. You may owe for part or all of the visit depending on your copay, co-insurance and deductible amount. Per current financial policy, all PR must be paid in full before every visit. If your insurance plan is out of network, then you will be charged the full cash rate. Please see website for list of insurance networks Dr. Worden is contracted with (<https://bloom-functional-medicine.com/insurance>)

For patients with large co-insurance or deductible amounts, we will ask that you **prepay your PR** (**CHANGE**). If it is uncertain what that amount will be, we ask that you pay a deposit of the anticipated PR. Once the claim is processed, if there is an overpayment you will be credited any amount determined to be an overpayment by your insurance company.

¹ Office visits will typically be billed as a 40 minute visit and current coding would be for a 99215 CPT code. If more time is spent (often for complex cases), then prolonged service codes will also be used (99417 or G2212). The cost of this visit is determined by your insurance company.

² If you have Dr. Worden manage multiple conditions then it is expected that you book multiple appointments ahead of time. This may look like scheduling monthly visits with one issue only addressed at each visit. Some visits with stable, low complexity conditions may have multiple concerns/issues managed but note that ALL visits related to hormones, controlled substances or complex chronic illness conditions (like mold related illness, autoimmune conditions, chronic fatigue) must have a separate appointments. Also, for visits with osteopathic manipulation, you will not be able to manage any functional medicine concerns during those visits or have any medications prescribed unless directly related to the reason for the visit that day. Dr. Worden will also utilize medical students and her assistants to prepare for the visit and assist in appointments to make the most of your appointment time.

2. **“E-Visits”-(NO CHANGE) Portal messages, emails, texts or calls** into the office requiring Dr. Worden’s attention are billed as “E-Visits.” These E-Visits will be billed to your insurance based on the amount of time spent by Dr. Worden to manage the call/message and you will be billed your PR as determined by your insurance.³

E-Visits will be used for any and all messages sent to the office whether initiated by phone, email, text or portal messaging that requires any action by Dr. Worden which may include a message reply, lab orders, prescription refill, supplement questions, clarification of treatment plan, etc.

For those who choose not to participate in an optional membership plan, please note that all messages that can be managed by staff and not by Dr. Worden will be directed to staff members and there is no guarantee that you will have a direct response by Dr. Worden.

3. **Group Visits- (NEW)** Group visits will provide an opportunity to have more time to discuss issues with Dr. Worden in great detail. Group visits typically have 6-12 patients participating and are billed to insurance as a standard office visit. We will be providing a hybrid model including both in-person and Zoom (virtual) options. The goal for group visits is to provide the information available to the group that you may not have time to address in with Dr. Worden during a typical 30 minute office visit. There is no limit to how often or how many group visits you attend, however, you may only attend one per day to have insurance billed. Note that copay and usual PR is due for these visits as insurance covers them as a typical office visit. ⁴
4. **Claims billing-(NO CHANGE)** Our clinic will continue to submit claims to insurance companies that we are in-network with and there is no charge for this service. You are responsible for providing your insurance card every time there is a change to your plan and you will be responsible for any charges not covered because of a failure to provide up to date insurance coverage information.
5. **Supplements: (CHANGE)** There will no longer be any discount on supplements purchased in the office except at Group Visits. There will be a **15% discount provided on the Fullscript and Purecaps Pro** website and also at Group Visits. We will have seasonal specials offered so please watch for announcements. There will no longer be option to custom order supplements and patient will be limited to purchasing in the clinic, through PureCaps Pro or on Fullscript.

³ These eVisits billing codes were created in 2021 by insurance companies to help cover cost of time spent by the provider on messages coming into the clinic by phone or through the EHR portal system. Insurance companies will not pay for eVisits if performed within 7 days of an office visit. If a message comes in within 7 days of a visit, it may be delayed in responding in order to be able to bill your insurance company for the eVisit and have the best chance of reimbursement. Some insurance companies do not cover these services at all, so if your insurance does not cover the service and we are contracted with the insurance company, then you will not have that service allowed and it will be recommended that you schedule an appointment. If insurance is billed, then all patient responsibility (PR) determined by your insurance company will be billed to you. This may include a copay, co-insurance or deductible. Current amount billed to insurance is based on time and ranges from \$50-\$100 for 5 to 20 minutes spent. Please note, the actual PR amount for the “e-visit” is determined 100% by your insurance company

⁴ Typically group visits use billing codes 99213 or 99214 depending on complexity and are 60-120 minutes in length. For insurance coverage, you must have a diagnosis that justifies the visit, ie, high cholesterol or blood sugar for the CardioMetabolic GV, GI symptoms for the IBS GV, etc. We will post the GV schedule in the office and online and you can ask staff for the schedule at any time. Also, if attending virtually, please confirm with your insurance that they cover televisions as part of your policy.

6. **Credit card fees-(NO CHANGE)** All payments paid by credit card, whether copay, patient responsibility, supplement purchase, cash pay for non-covered services, will be charged a 4% credit card processing fee.

CASH Pay Option for existing patients *(Out of network or uninsured patients)* **(CHANGE)**

Claim submission: If you have an out of network insurance plan, we may be able to submit your claim to your insurance as a courtesy, but there will be no claim follow up done by our clinic and any contractual obligation noted by your insurance will not apply as we are not contracted to receive reduced rates. You will also be obligated to pay on the date of service and any payment received from the insurance company will be credited to your account.

Cash pay prices:

- ✦ Follow up visit: \$250/350/450 for 30/45/60 minutes
 - ✦ There will no longer be offered a same day cash payment discount and all payments will be due on the date of service
- ✦ Prolonged/Extended Service: \$200
 - for every 30 minutes spent over 60 minutes for follow up visits by Dr. Worden related to visit. This may include time spent reviewing medical records, preparing for visit, charting of the visit, preparing patient instructions, coordinating care, etc.
- ✦ E-Visit/Phone messages directed to or managed by Dr. Worden
 - ✦ The cost depends on the amount of time spent to respond to messages and any subsequent work done (ie ordering refills, labs, chart review, supplement recommendations, etc) and cost would be \$50-100 depending on time and complexity.
- ✦ Osteopathic treatment: \$150-300 office visit charge plus \$80-200 depending on number of areas treated and complexity of condition
 - ✦ add on FSM to OMT - \$25 for up to 60 minutes
 - ✦ add on BioMat to OMT - \$25 for up to 60 minutes
- ✦ Group Visits
 - ✦ Office visit: \$100 pre group visit (can do prescriptions, labs, individual care)
 - ✦ Class (in lieu of GV) : \$50 per class (no chart note, prescriptions, no lab orders or individual care)
- ✦ Injections: dependent on medication and location (includes Prolozone) \$100-300
- ✦ IV Ozone-MAH \$100-200 depending on amount of ozone and length of treatment
- ✦ IV Nutrients-price \$75-\$300 depending on cost of nutrient

We are unfortunately not able to see any patient with Oregon Medicaid plan due to state laws prohibiting billing these patients for services not covered by the OHP plan. This includes CareOregon, Trillium, Oregon Health Plan and any other Oregon Medicaid plan.