



Health looks *Different* here

We are pleased you have chosen Solutions Medical Center to help you along your health and wellness journey. The medical providers at Solutions Medical Center incorporate Functional Medicine in our practice model. Our goal is to allow your body to function at its highest potential in order to reduce any symptoms you might be experiencing as well as achieve optimal health. We work on finding the cause of symptoms and address the many functions of the body as a whole.

This packet provides essential information about the practice which is important for you to understand in order to receive the best medical care possible. Please read ALL of the enclosed information carefully as you will be responsible for knowing and understanding its contents. All information and patient forms are available on our website: www.solutionsmedicalcenter.com.

This packet contains the following:

- About the Practice
- Policies & Procedures
- Appointments & Fee Information
- Insurance Information
- Prescriptions & Refills
- Labs Tests & Cost
- Agreement for Medical Services
- Medical Memberships

Please scan, email, fax or drop off all completed forms at your earliest convenience. Once the completed forms have been returned to our office, you will receive a call from our office to finalize your patient appointment. You will not be placed on the schedule until ALL forms are completed and returned to our office either by fax, email or in person.

7465 Poplar Ave., Suite 102
Germantown, TN 38138
Phone #: 901-853-6428 Fax #: 901-853-6554
Email: info@solutionsmedicalcenter.com



Solutions Medical Center ("Practice") offers appointments for direct medical and nutritional services; also referred to as Direct Primary Care or Concierge Healthcare. Our health care providers work for you, not the insurance companies. This is a cost effective, rational and affordable way to deliver the best health care.

SERVICES

Your medical provider, at Solutions Medical Center, will get to know you well and as a result, you can expect a higher level of attention and more focus on prevention than you have ever experienced before because our service and attentiveness to your needs is unparalleled. Our service is not for life-threatening or emergency medical situations.

Please Note: If you are experiencing a life-threatening or emergency medical situation, you should NOT call Solutions Medical Center, but instead you should CALL 911 IMMEDIATELY.

INSURANCE

The Practice does not participate or seek reimbursement from insurance companies in order to save you from the intrusive decisions that inevitably follow with third-party payors. You remain responsible for decisions made about what insurance you carry and its coverage. We encourage our patients to carry a major medical plan and/or a health savings account in order to receive financial reimbursement for any blood work or lab tests performed, specialist referrals, or should any hospitalizations occur.

MEDICARE/MEDICAID

The Practice does not participate or seek reimbursement from Medicare/Medicaid, or any other government-sponsored health care payment program. Please notify the Practice if you are a recipient or beneficiary of any said programs as you will be asked to sign a private contract agreeing not to bill Medicare for services provided by Solutions Medical Center. We do not refer, order or prescribe any prescriptions or outside services to Medicaid patients.

PRIVACY

We take the privacy of your information very seriously. Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. If we change our Notice, you may obtain a revised copy by contacting our office at (901) 853-6428. Solutions Medical Center provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations.
- Solutions Medical Center reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the uses of their information but Solutions Medical Center does not have to agree to those restrictions.
- The patient may revoke the Consent in writing at any time and all future disclosures will then cease. However, such a revocation shall not affect any disclosures we have already made in the reliance on you prior to Consent.

COMMUNICATION

Communications with the Practice using personal e-mail and cell phone are not guaranteed to be secure or confidential methods of communications. All such communications will become part of your medical records, which we agree to keep confidential. We share information only with your consent, in the event of an emergency to avoid impending serious injury or death, or as required by applicable law or your insurance carrier in the event you submit claims for your services. You must sign a release of information for us to share ANY medical information with family members and other medical providers/clinics.



FEES

- We require a card to be kept on file prior to any clinic appointments, telemedicine appointments, phone consultations, supplement purchases, etc. This will also make your check out easy and simple.
- **We require a \$150 non-refundable deposit to secure a new patient appointment with any of our medical providers.** This will be applied to your balance at the end of your new patient appointment.
- No appointments will be scheduled without a card being placed on file and appointment deposits must be made the day your new patient appointment is booked.
- All payments are due at the time of service. We accept Care Credit financing, cash, personal checks and all major credit cards. If you choose to use Care Credit Financing, you must purchase a minimum of \$600.
- There is a \$30 processing charge on all returned checks.
- Should you need additional copies of your medical records, there will be a \$25 processing fee.
- There is a \$10.00 shipping fee for orders mailed from our clinic.

PUNCTUALITY

- We ask that you please arrive 15 minutes prior to your appointment.
- The length of our appointments are around 4 times the national average. This allows our medical providers to spend more time with each patient to ensure they feel understood and heard. This means a certain block of time has been reserved for you so your arrival time is not optional.
- If you are late to your appointment and your provider is still able to see you, your appointment will end at the scheduled time and you will be charged for the full appointment.
- In these situations, we reserve the right to deny an office visit to any patient that does not arrive on time. If you are more than 15 minutes late we reserve the right to reschedule your appointment so that the rest of our patients may be seen at their scheduled appointment times.

CONFIRMATION & CANCELLATIONS

Appointments are often booked many weeks in advance and there are numerous patients on our waiting list. We understand that emergencies do occur however, multiple late or missed occurrences may result in discharge from our practice.

Functional Medicine Appointments

- You will receive an email and/or text message requesting an appointment confirmation at least twice before your scheduled appointment. **If you do not confirm your appointment at least 3 business days prior to your appointment (via text, phone call or voice mail), your appointment will be cancelled and you will be charged the full amount of your appointment which will be applied to the credit card we have on file.**
- **If you do not show up for you appointment you will be charged the full price of the missed appointment and charges will be applied to the card you placed on file.**
- Please be aware that holidays and weekends DO NOT count as business days.

IV Therapy & Health Coaching Appointments

- Reminder texts and emails are sent out by our PatientNOW software system upon booking and again 48 hours in advance. Please give our office AT LEAST 24 hours' notice of cancellation or a need to reschedule.
- **If notification of appointment cancellation is less than 24 hours in advance or you do not show up, you will be charged a fee of \$100 and charges will be applied to the card you placed on file.**

BILLING/INSURANCE

- Solutions Medical Center does NOT bill insurance for office visits nor do we submit medical claims on your behalf.
- We use Quest Diagnostics & Cleveland Heart laboratories for most specimen processing. Both have contracts with all national carriers and hundreds of regional carriers to simplify billing and minimize out-of-network billing issues. A copy of your insurance information will be sent along with your lab work, however, we can not guarantee or have any control over your insurance coverage. Insurance will typically not cover



all the testing, but that doesn't mean that it won't benefit you in some capacity. Your insurance carrier should send you an Explanation of Benefits (EOB) that explains in detail the services that were either paid or denied. You may also find this information on an invoice from the lab company. If you need additional information you should contact your insurance carrier directly to determine the reason(s) why your insurance company did not pay your bill. If your bill is due to improper coding from our office, we will recode your tests in order for your insurance company to cover more of the test(s) cost. ***Please do not panic if you receive a large bill from the lab company.*** Simply call the clinic and we can help you navigate the next course of action you will need to take.

PRESCRIPTION (RX) REFILLS

- Please call our office at 901-853-6428 and leave a voice mail on our prescription line.
- Prescriptions will be sent to a pharmacy ONLY during office hours and NEVER after hours or on weekends. Please check your medication bottle before calling to request a refill as you may have some already available.
- We refill your medications according to the pharmacy information you provide upon check-in.
- If you do not provide the correct pharmacy information or you change pharmacies without notifying us, it will delay your refill request.
- Please allow 72 business hours to process prescription requests and plan ahead to avoid any interruptions in your medications.
- Controlled medications such as sleeping medication, ADD medication, testosterone and antibiotics will not be prescribed without proper assessment, thus requiring an office visit AT LEAST every 6 months.

REFUNDS

- Your satisfaction is our top priority. Supplements and lab kits may be returned for a full refund within 7 days of purchase if in original condition, unopened or unused.
- All lab kits must be completed within 6 months of purchase.

DISABILITY FORMS

- We do not fill out disability or FMLA forms for patients.
- On rare occasions, we will write a letter of medical necessity to an insurance company

SUPPLEMENTS

- Supplements are available for purchase in our office and online for your convenience; however, you are not required to purchase them.
- We endorse only pharmaceutical grade supplements that are independently analyzed to contain what they claim. This is not always the case with over-the-counter ("OTC") nutritional supplements.
- If a Solutions Medical Center provider recommends vitamins and/or supplements, these will not be covered by insurance; however, you may chose to use your Health Savings Accounts ("HSA") or Flexible Spending Account ("FSA") if coverage is included. We encourage to call the customer service number on your card to find out before your visit.
- If you wish, we are happy to ship your vitamins and supplements directly to your home or other provided address. There is a \$10.00 shipping fee for orders mailed from our clinic.

I have read and understand information about the practice (page 2) and the policy and procedure information (pages 3 & 4).

Print Name

Date

Patient Signature



APPOINTMENT TYPES

(New prices starting February 1, 2023)

MEDICAL CONSULTATIONS

\$300

Your consultation will be approximately 45-60 minutes. During this time, your medical provider will review your health history, current health status, medications, symptoms, health and wellness goals. This fee includes time that is spent prior to and after your visit reviewing your history, paperwork and intake forms. Blood work or other testing will be done on site at this same appointment after seeing one of our medical providers.

* Please be sure to submit any blood work or test results you've done in the last year PRIOR to your appointment.

EXTENSIVE LAB REVIEW APPOINTMENT

\$450

Your first lab review appointment (or any extensive lab reviews afterwards) can take up to 90 minutes. Our providers spend a significant amount of time educating you about your results. It is relatively simple to inform a patient that their lab work is "normal or in range", but it is entirely different to discuss results of complex functional evaluations and recommend practical lifestyle and dietary strategies that help prevent further complications as well as addressing current ones. We want you to understand that preventative health care takes considerable time, effort and expertise on the part of our providers. You will also be provided with a detailed & customized treatment plan, any recommended supplements and/or prescriptions, practical lifestyle and dietary strategies as well as setting up any follow up appointments.

FOLLOW UP APPOINTMENTS

LEVEL 1 \$150

LEVEL 2 \$300

LEVEL 3 \$500

* Appointment pricing is subject to change however you will be given advance notice if such should occur.

ESTABLISHED FUNCTIONAL MEDICINE PATIENTS

Follow up appointment charges depend on the amount of time spent with your provider and the severity of health concerns. Fasting for any follow up blood work is at the discretion of your medical provider and will be determined before your follow up appointment.

HEALTH COACHING

Our certified health coach is your personal health cheerleader, guide and partner. They help you implement lifestyle changes to improve your physical health and are an additional support system in helping make necessary lifestyle changes.

IV THERAPY PATIENTS

IV micronutrient therapy is the process of administering nutrients or fluids directly into a patient's bloodstream. Through this method of nutrient delivery, the digestive tract is bypassed, allowing for 100% absorption. Pricing for our different IV Therapy treatments can be found at our office or on our website at www.solutionsmedicalcenter.com.

LABORATORY TESTING

Solutions Medical Center uses advanced testing to determine the underlying causes of chronic diseases. As a result, we help our patients find the root cause of why they are suffering from one ailment or another. The number and type of lab tests will depend upon your individual situation, including the number of health issues you struggle with and the length of time you have been experiencing them. Our lab results typically take longer to be finalized than most medical offices due to the amount of testing. The results will usually be returned to us 2-4 weeks.

*** When a more complex medical case arises, Solutions Medical Center reserves the right to bill the patient for additional review hours required by the provider. Every effort will be made to keep the patient informed throughout the diagnostic process.**

I have read and understand the appointment & fee information as stated above.

Print Name

Date

Patient Signature



CREDIT CARD AUTHORIZATION FORM

This form is for you to supply Solutions Medical Center with credit card information to keep on file.

Credit Card Information (A new form must be completed for each card kept on file)	
Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Card Holder's Name (as shown on card):	_____
ONLY Last 4 numbers of credit card:	___ ___ ___ ___
Expiration Date (mm/year):	_____ CVV (Security Code): _____
Cardholder ZIP Code (from credit card billing address):	_____

I understand and agree with the following terms and conditions:

- Solutions Medical Center will keep your credit card on file for the payment of all services, treatments, products and fees by phone, email or in the office.
- Information will be stored in a secure data file that complies with the provisions of U.S. law.
- A receipt for each payment will be provided via email, and the charge will appear on your credit card statement.
- This authorization will remain in effect until Solutions Medical Center receives a written request to cancel this service or the above credit card has been lost, stolen or cancelled. Email request may be sent to info@solutionsmedicalcenter.com.
- If your card has been lost, stolen, cancelled, or due to expire, it is your responsibility to provide Solutions Medical Center with a new card for payment.
- If your card is declined for any reason, you will be charged an additional \$25 fee.

You agree that the following person(s) may use this credit card (one box must be selected):

- No one else is authorized to use this credit card.
- _____ is allowed and has my permission to use this credit card.

By signing below, you agree that you are the authorized user of this credit card and will not dispute these transactions; so long as the transactions correspond to the terms indicated in this agreement.

Signature of Card Holder

Date

Print Name of Card Holder

Date

Please PRINT legibly an email address for credit card receipts



INFORMED CONSENT FOR TREATMENT

The intention of this consent form is to help you become better informed so you may give or withhold consent to undergo diagnosis and treatment after having an opportunity to discuss your health concerns - including potential benefits and risks, and treatment alternatives.

I, _____ PATIENT, CLIENT, or AUTHORIZED GUARDIAN or REPRESENTATIVE, (hereafter referred to as "patient or representative") acknowledge the opportunity to read and inquire about this consent, all the items addressed herein, and hereby authorize the providers at Solutions Medical Center (hereafter referred to as "clinician"), in accordance and within the scope and limits of their clinical license(s), to perform or recommend any of the following procedures for diagnosis and/or treatment:

- **Common Diagnostic Procedures:** venipuncture, radiography, laboratory, x-ray, ultrasound, etc.
- **Alternative Diagnostic Procedures:** including diagnostic methods, and functional laboratory testing.
- **Lifestyle Counseling:** therapeutic dietary advice and guidelines and the promotion of wellness including, but not limited to, recommendations for sleep, exercise, stress management and reduction, balancing of work and self-care activities, and developing and nurturing healthy relationships and community relationships.
- **Medical Nutrition:** therapeutic nutrition, nutritional supplementation and intramuscular vitamin, mineral, amino acid, lipid, phytonutrient, and metabolite precursor and other nutrient injections, only if needed and as permitted by licensure.
- **Lifestyle and Wellness Counseling:** to promote improved lifestyle strategies and wellness, but not including the specific treatment of known or suspected mental illness.
- **Prescription Medications:** as allowed by the clinician's licensure and for both FDA-approved and non-FDA approved (i.e. "off label") applications.
- **Hormonal Replacement:** oral, transdermal, or injected hormonal applications intended to restore symptomatic patients to levels at or above age-appropriate hormone levels through bioidentical, synthetic, and animal-derived preparations.
- **Group Education:** to facilitate efficient and effective community creation and education regarding the diagnosis, treatment and management of health concerns.

_____ **POTENTIAL RISKS:** (Patient's or Representative's Initials) acknowledges and accepts that there are risks to the diagnosis and treatment measures that fall within and outside the conventional standard of care, and that these risks may include: unintended exacerbation of symptoms, new symptoms, allergic and other unintended injury and side effects from exercise, lifestyle modifications, dietary modifications, herbal and nutritional supplements, injected or intravenous therapies, hormonal therapies, adverse interactions with drugs, herbs and/or nutrients.

_____ **DISCLOSURE COVERAGE:** (Patient's or Representative's Initials) acknowledges and agrees that consent form will cover the entire course of treatment for the present condition and for any future condition(s) for which treatment is sought.

_____ **PARTICIPATION:** (Patient's or Representative's Initials) understands that the patient is free to discontinue participation in any and all aspects of the medical care provided by the clinician at any time, and that the patient or representative is responsible for informing the clinician of the adherence to or discontinuation of any and all aspects of care and that the choice to discontinue treatments may create the risk of adverse effects for which the patient or representative bears full and sole responsibility.

_____ **INFORMATION DISCLOSURE:** (Patient's or Representative's Initials) understands that the patient bears full responsibility for any adverse effects experienced during or after the course of treatment that were reasonably deemed to be caused or related to a deficit in the full, accurate and timely disclosure of symptoms and changes in medical information to the clinician to the best of the patient's or representative's ability.

Patient's Name: _____

Patient's Signature: _____

Date: _____

MUST FILL OUT IF PATIENT IS UNDER 18:

Representative's Name: _____

Date: _____

Representative's Physical Signature: _____

Relationship to Patient: _____



COMMITMENT TO WELLNESS CONTRACT

We spend extra time with our patients to learn about your medical history, fully understand your needs, and treat you effectively. We expect our patients to put the same amount of time and effort into their healthcare so it is essential that we are both working towards the same health and wellness goals. Your commitment to comply with prescribed dietary changes, supplements, and medications, as well as other treatment recommendations, is the key to healing. If you don't follow the plan with reasonable consistency, your progress will likely be stalled. Therefore, if equal effort is not seen by both patient and provider, we reserve the right to refer patients to another provider that may better suit their needs.

OUR APPROACH

We strongly recommend that you fully commit to our functional medicine approach in order to succeed. Working with multiple centers or physicians, other than your primary care physician, may create contradiction, confusion and frustration – ultimately delaying your progress. We utilize a healthcare team-based approach at Solutions. This means that occasionally you may be seen by a different provider in our practice, but rest assured that all medical providers are up to speed with your current healthcare plan. Providers you may see include nurse practitioners, registered nurses, pharmacists, health coaches, and medical doctors. This also allows for multiple people to be available for assistance between appointments as well.

PARTNERSHIP AND PROCESS

Some chronic illnesses can take weeks, months or even longer to improve. If you don't see immediate results, don't give up. At Solutions Medical Center, healing is based on a partnership and a process. It takes time, patience and persistence to find and treat the root causes of your illness. You will have to work hard, and so will we.

HEALTH COACH APPOINTMENTS

Our health coach is an additional support system for making the necessary lifestyle changes. Appointments are not required but recommended to help with any overcoming challenges and provide ideas for implementing changes and helpful resources.

COMMITMENT

Establishing and maintaining a good working relationship with your medical provider at Solutions Medical Center is a key element to your success. Once medical treatment is initiated at our clinic, it is important that you remain in regular communication with your clinical team and provide any medical updates, prescription changes or test results.

SUPPORT

Functional medicine is a different approach from the existing health care model. Certain medical conditions and chronic illness can contribute to challenges with focus, cognition, energy and mood. Some of the changes that we ask of you may feel overwhelming at times so we urge every patient to find support, especially at home. It is the obligation of Solutions Medical Center to identify any difficulties you might be experiencing that are interfering with your health goals and to recommend additional outside services. These services include a range of behavioral and mental health therapies. Refusal to make appropriate use of recommended treatment(s) will result in termination of our medical services.

I have read, understand, and agree to follow and abide the commitment to wellness contract as stated above.

Print Name

Date

Patient Signature



Over the years, we have been able to see and experience several models of conventional and functional medicine. We've seen certain patients thrive and others struggle in their healing journey. Those patients who have thrived had strong commitment, communication and consistency while those who struggled were often inconsistent and found themselves having to restart their journey over and over. This led us to truly value the importance of two key things: consistency and commitment which led us to develop medical membership plans. These membership plans are limited, so we encourage you to not delay if you decide to enroll yourself or your family members.

* Please note: These prices do NOT include any lab work or blood tests that may be needed.

* You are NOT obligated to sign up for a membership to be seen as a medical patient in our office.

STANDARD

\$180
(billed monthly)

\$2010
(if paid in full)

For the patient looking for preventative health, needing to address ongoing symptoms, and ready to make changes for optimal health.

- 12 months of care with personalized health plans
- Up to 4 Medical Appointments (onsite or telehealth)
- 2 Appointments with our certified health coach (onsite or via telehealth)
- Direct access to medical provider via email
- Priority appointment scheduling
- Priority diagnostic scheduling, if needed
- Priority prescription refill requests
- Early notification of classes and events
- 10% off supplements purchased in the clinic

PREMIUM

\$225
(billed monthly)

\$2550
(if paid in full)

For the patient who has multiple symptoms, is in need of more accountability, or more follow up appointments.

- 12 months of care with personalized health plans
- Up to 5 Medical Appointments (onsite or telehealth)
- 3 Appointments with our certified health coach (onsite or via telehealth)
- Direct access to medical provider via text messaging AND email
- Priority appointment scheduling
- Priority diagnostic scheduling, if needed
- Priority prescription refill requests
- Early notification of classes and events
- 20% off supplements purchased in the clinic

FAMILY

\$360
(billed monthly)

\$4000
(if paid in full)

Perfect for two plus any additional family members in need of general medical care, addressing ongoing symptoms/ diagnoses, or just ready to make changes for optimal health.

Primary members will receive:

- 12 months of care with personalized health plans each
- 6 Medical Appointments (onsite or telehealth) total to share
- 4 Appointments with our certified health coach (onsite or telehealth) total to share
- Direct access to medical provider via text messaging AND email.
- Priority appointment scheduling each
- Priority diagnostic scheduling each, if needed
- Priority prescription refill requests each
- Early notification of classes and events
- 20% off supplements purchased in the clinic each

Each additional member will receive:

- 12 months of care with personalized health plans
- Up to 2 Medical Appointments (onsite or telehealth)
- 20% off supplements purchased in the clinic

\$1000 each for each additional member 21 years old and younger.



NEW PATIENTS ONLY: (Never had a medical appointment or haven't had a medical appointment in the last 2 years)

PRIOR TO SCHEDULING YOUR FIRST APPOINTMENT:

1. If you are a new medical patient, in our office for the first time, or haven't been seen by one of our medical providers in the last 2 years, please scan, email, fax or drop off ALL intake forms at your earliest convenience. Once the completed forms have been returned to our office, you will receive a call from our office to schedule your patient appointment. You will not be placed on the schedule until all forms are entirely completed and returned to our office either by fax, email or in person.
2. We require a \$150 non-refundable deposit to secure a new patient appointment with any of our medical providers. This will be applied to your balance at the end of your new patient appointment. Payment of the deposit must be made the day your new patient appointment is booked.
3. Complete the New Patient Paperwork & Patient Intake Questionnaire in their entirety. Please make sure to sign all pages (4-7) and complete all pages of the intake questionnaire.
4. Return your completed forms to Solutions Medical Center and await a call from one of our Patient Care Coordinators to schedule.

It is important you read ALL of the enclosed information carefully as you will be responsible for knowing and understanding its contents. Please scan, email, fax or drop off the intake forms at your earliest convenience. Once all forms have been received, you will receive a call from our office to finalize your patient appointment. You will not be placed on the schedule until ALL forms are completed and returned to our office either by fax, email or in person, and your information is approved by one of our providers.

EXISTING PATIENTS: (Have been seen by one of our medical providers within the last 2 years)

PLEASE BRING TO YOUR APPOINTMENT:

1. Please bring your current insurance card (for processing lab work) along with a valid driver's license.
2. If fasting is required for blood work after your appointment, please do not eat anything AT LEAST 8 hours prior to your appointment.
3. You may ONLY drink water and/or black coffee the morning of your appointment.
4. Do not take any supplements at least 12 hours before your appointment. If you are taking a biotin or hair/skin/nails supplement, or you have received an IV treatment with Biotin, please allow 72 hrs before having any blood work drawn due to testing interference.
5. Do not take or apply any hormones the day of your appointment.
6. You ARE allowed to take any blood pressure and thyroid medications the morning of your appointment.

Fax #: 901-853-6554

Email: info@solutionsmedicalcenter.com

Thank you for trusting us with your care and we look forward to helping you along your health care journey!

- Solutions Medical Center





