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 985-231-6750 fax 888-748-5790
patients@cucciahealthinstitute.com

PATIENT POLICIES

PLEASE NOTE THAT DR. CUCCIA IS NOT A PRIMARY CARE PROVIDER. AS SUCH, DR. CUCCIA DOES NOT ADDRESS URGENT CARE OR ACUTE PRIMARY CARE ISSUES. WE RECOMMEND YOU HAVE A PRIMARY CARE PHYSICIAN TO ADDRESS THOSE NEEDS.

FUNCTIONAL MEDICINE APPOINTMENTS

- It is important to read all the enclosed information carefully and to mail, e-mail, fax or drop off this packet (Intake Forms and Medical Records) to our office at least 5 days prior to your appointment. Having these forms 5 days in advance will allow Dr. Cuccia to help solve your problems more efficiently and enhance the quality of your care. **If your Intake Form and Medical Records have not been received at least 5 days prior to your initial appointment, it may take Dr. Cuccia up to 30 minutes of your appointment time to review your chart which will result in additional fees.**
- During your initial appointment, you will visit with Dr. Cuccia who will make individualized recommendations to evaluate your specific health needs. After this, you will then meet with a staff member to explain lab kits, costs and bloodwork. Please **allow at least 3 hours** for this initial appointment.
- Follow up with Dr. Cuccia will begin approximately 2-4 weeks later to discuss in detail each of your test results. **The number of follow up visits will depend upon the number of test kits and lab assessments required to assess your needs.**** Each follow up appointment will be approximately 45 minutes to discuss the functional medicine implications on your total health and to answer any questions you may have. If available, Dr. Cuccia will review related lab tests in one visit (i.e., stool analysis, breath test).
- Dr. Cuccia will do phone consultations to discuss results. These consultations are charged at the same rate as in office consultations. Please refer to the fee schedule referenced in **FUNCTIONAL MEDICINE APPOINTMENT FEES**
- There is a **48 hour/2 business day cancellation policy (please see the CANCELLATION AND RESCHEDULING OF APPOINTMENTS section in this form).**

FUNCTIONAL MEDICINE APPOINTMENT FEES*

Initial consultations are \$770 per 120 minute appointment.

This EXCLUDES any testing or supplements.

- **non-refundable deposit of \$170 is required when scheduling your initial appointment. This amount will be applied to the cost of your initial visit at time of completion.**
- **An additional fee of will be applied to review any functional labs/test results not ordered by Dr. Cuccia or purchased from Cuccia Health Institute – additional fees vary depending on number of test and time required by the physician to review**

Follow up appointments will be structured as followed

Single 45 minute follow up visit: \$279 per visit

*appointment pricing is subject to change

FOLLOW UP APPOINTMENTS

At the time of check out, you will be scheduled for a follow up appointment if needed. We will assume you will honor this appointment time unless you notify us otherwise at least 48hrs/ 2 business days prior to your scheduled appointment. Although you may get a reminder call or text from our office, these reminders are a courtesy only. **It is your responsibility to remember your appointment date and time.**

CANCELLED/RESCHEDULED/MISSED APPOINTMENTS and LATE ARRIVAL

We require 48 hours (2 business days) notice to cancel or reschedule any appointment in our office. **If appropriate notice is not given, your credit card on file will be charged for the full cost of the scheduled appointment. Please be aware that holidays and weekends do NOT constitute business days.**

Due to the time allotted and cost associated with each appointment, the only exceptions to not being charged for missing your appointment are due to emergencies. We define emergency as requiring ER evaluation, hospitalization, severe illness, or family death.

We are developing a waiting list and we ask if you know that you need to cancel or reschedule, please let us know as soon as possible so that we may offer your appointment to someone on the waiting list.

If a patient consistently or frequently misses appointments or reschedules, we will require prepayment of any future visits prior to scheduling the appointment.

If you arrive late to your appointment, the appointment or consult will end at the originally scheduled time and you will be charged for the length of the originally scheduled visit.

You may cancel your appointment by calling our office at 985-231-6750.

By signing below, you agree to our cancellation policy and authorize Cuccia Health Institute/ David J. Cuccia, MD LLC to charge your credit card on file for any missed visits.

Lab Tests

PLEASE MAKE A COPY OF THE INCLUDED REQUISITION FORM FOR YOUR RECORDS PRIOR TO MAILING YOUR KIT. THE REQUISITION FORM CONTAINS PROCEDURE CODES NECESSARY FOR FILING YOUR INSURANCE.

The purpose of functional medicine laboratory testing is to evaluate possible nutritional, biochemical or physiological imbalances and to determine any need for medical referral. These lab tests are not intended to diagnose disease. The office utilizes conventional lab tests as well as functional medicine assessment.

Functional medicine assessment is designed in finding the underlying causes of your condition. Functional medicine has evolved through the efforts of scientists and clinicians from the fields of clinical nutrition, molecular biology, biochemistry, physiology, conventional medicine and a wide array of scientific disciplines. Functional medicine evaluates the body as a whole, with special attention to the relationship of one body system to another and the nutrient imbalances and toxic overload that may adversely affect these relationships.

Your medical physician may or may not agree with the necessity for, or interpretation of, these tests. If you have any questions or concerns, please discuss them Dr. Cuccia.

PLEASE CONTACT YOUR INSURANCE CARRIER PRIOR TO YOUR APPOINTMENT TO DETERMINE YOUR COVERAGE.

If you choose to run your labs through your insurance, Cuccia Health Institute is not responsible for any bills you receive from your preferred lab. Some labs involving stool, urine or saliva samples are done at home. You will be given these lab kits and step-by-step instructions prior to check out. **It is your responsibility** to mail your completed lab kits to either UPS or FedEx. A prepaid shipping label and envelope are provided in your kit. Please notify our office after you have mailed your kit so we may schedule your follow up appointment at your convenience.

All lab results will be reviewed at time of your follow up appointment(s) as outlined above in 'Functional Medicine Appointments'). We do not email lab results unless you schedule a phone consult follow up appointment. We will email your results 24 hours prior to your scheduled appointment for your review.

Our phlebotomist is available one Saturday a month; please speak with our staff to schedule.

COPIES OF MEDICAL RECORDS AND LABS FROM OUR OFFICE

You will be given a copy of your labs at each visit to maintain for your records. [Should you need additional copies, a \$25 fee will be charged for copies along with any additional postage and transportation charges].

MEDICAL RECORDS FROM OTHER DOCTORS/HOSPITALS/CLINICS

Medical records can only be released with your written authorization. **It is your responsibility to obtain previous medical records from other physicians or health care providers that you wish Dr. Cuccia to review.** If you feel your medical records are pertinent to your appointment, please contact your physician or other health care provider to obtain these records. Please be sure that we have received these records at least 5 days prior to your initial appointment. **Extensive medical records requiring significant time to review will be subject to additional fees as outlined above in our “Functional Medicine Appointment Fees.”**

SUPPLEMENTS

We offer a discount of 10% on purchases of at least a three month total supply. Please email or call the day before to get the discount off the bulk of your purchases.

We recommend nutritional supplements as an adjunct to dietary and lifestyle modification. This approach is central to the well-researched and science-based practice of functional medicine. We sell therapeutic quality nutritional supplements as a service to our patients. With a few exceptions, we do not sell nutritional products of similar quality to those that are widely available over the counter. We purchase high quality nutritional products from the top nutritional research laboratories.

All supplements recommended by Dr. Cuccia are available in our supplement store and on our upcoming website. Supplements may be purchased in office, over the phone or via e-mail. You may choose to pick up your order from our office within 2 regular business days or have them shipped to your home (shipping charges will apply). Any supplements not picked up within 2 business days will be returned to our supplement store for restock with a 10% restocking fee.

RETURNS/REFUNDS

- Supplements (**EXCEPT** probiotics) and Functional Lab kits may be returned for a refund or exchange if in **original condition and unopened/unused within 14 days of purchase.**
- Functional Lab kits not completed within one year of purchase will be considered expired and a new kit must be purchased.
- Prepaid blood work labs can be refunded if labs are not drawn and notice is given within 7 days of payment.
- Return products purchased through our online store will be subject to a 15% restocking fee.
- Wellness kits or products purchased as part of a package cannot be returned individually.

RETURN CHECK FEE

A \$35 fee will be assessed on all checks returned for insufficient funds.

PAYMENT OPTIONS

Checks or credit cards (Mastercard, Visa, Discover, American Express) are all accepted methods of payment for services. When you schedule the initial visit, we request a credit card on file to hold the appointment for you. No charges will be applied to your credit card unless you miss or cancel your appointment without proper notice. On the day of your scheduled appointment, all charges for consultations, laboratory testing and nutritional supplements will be itemized and payment is due on the day of service.

Phone appointments or consultations will be charged to your credit card on file unless you provide other payment information and instructions prior to your appointment. If additional lab tests are required and our office sends test kits, the appropriate fees will be charged to your card on file.

BILLING/INSURANCE

As doctors and staff, we are passionate about what we do, and feel we have a calling to provide as many people as possible with the highest quality natural health care possible. Just as our services are unique to this region, our financial policies set us apart from mainstream medicine. We have provided the following information to answer any questions you or your family members may have about the rationale for our financial policies. If, after reading this, you still have questions, please feel free to speak with our staff.

Many people who have contacted our office have asked us why we do not bill insurance directly when other medical and chiropractic providers do. We fully understand the financial challenge this presents to some patients. . Here is why:

When clinics bill health insurance companies directly, the doctors are required to become participating providers. The doctors must sign a contract that allows the insurance to determine which services they will provide and how much they can charge for those services. In general, insurance companies are not focused on preventative or wellness services. They are heavily invested in the conventional model of health care that too often relies on drugs and surgery. We are committed to the functional medicine model that addresses the underlying cause of your symptoms with specific nutritional and lifestyle recommendations.

A participating provider must agree to accept the fees the insurance company establishes regardless as to whether the fees are reasonable or applicable to that practice. In general, these established fees cover the actual cost of the briefest (and we believe the lowest quality) care. Doctors who are participating providers are required to accept discounted fees for their services. They cannot bill the patient for the difference between their fee and what the insurance company will pay. Therefore, the clinic must write off the difference, often as much as 50% or more of the doctor's fee for service. At the same time, the participating provider's overhead costs have increased dramatically due to staff, time and equipment necessary for processing and tracking claims.

In today's healthcare environment, the actual cost for doctors to provide services continues to rise while the percentage of reasonable fees insurance payments will cover is declining. At the

same time, the profits of health insurance companies and the salaries of their top executives continue to rise to record levels.

Most doctors and clinics cope with the requirements of being participating providers by keeping their office visits very brief so that they can see many patients within a given time frame. When their clinic becomes unprofitable, it must be supported by another institution. Most primary care medical clinics are not self-sustaining financially and have had to merge with hospitals whose expensive, high-tech surgical and diagnostic procedures are priced to keep the clinics afloat financially. Most chiropractic clinics keep office visits very brief and see many people per hour. Ironically, some of our patients complain about their extremely brief and unsatisfactory office visits in other medical practices, while at the same time express frustration that we do not accept insurance.

Unfortunately, we have found we cannot be participating providers in the insurance networks and provide the time intensive, well researched, extensive care that we do. With this being said, Cuccia Health Institute does **NOT** accept insurance; however, you may submit your service invoice, visit note or lab requisition form to your insurance provider. You will receive a service invoice/bill along with a copy of your visit note including diagnosis codes necessary for filing with your insurance provider.

- **Please make a copy of the included requisition form for your records prior to mailing your kit. The requisition form contains procedure codes necessary for filing your insurance.**
- **WE DO NOT ASSIST WITH ANY INSURANCE CLAIM RESOLUTION OR RESPOND TO INSURANCE CARRIER REQUESTS FOR ADDITIONAL INFORMATION.**

Payment for office visits, consultations, or lab tests is expected at time of service. All credit card payments will be processed the same day of the visit or consult.

MEDICARE PATIENTS

NOTICE OF POSSIBLE MEDICARE DENIAL

Medicare will only pay for services determined to be reasonable and necessary under Section 1862 (a) (1) of Medicare Law. If a particular service is considered not acceptable and unnecessary under Medicare standards, Medicare will deny payment for those excluded services.

MEDICARE NOTICE

Dr. Cuccia is not a Medicare provider; therefore, your payment is due at the time your services are rendered. Any claims submitted will have to be sent by the patient; payment reimbursement is not guaranteed and is subject to Medicare eligibility/reimbursement rules and regulations.

DISABILITY/FMLA FORMS

Dr. Cuccia does not fill out medical disability forms for patients. On rare occasions Dr. Cuccia will write a letter to detail the medical necessity of testing. Under such circumstances, Dr. Cuccia bills at his hourly rate to write such letters. Dr. Cuccia does not submit his medical notes to support disability claims though you can submit your copy of your office visits to your disability provider.

OFFICE HOURS

Our office hours are Monday-Thursday, 8:30am to 5:00pm CST. Should you need to stop by the office to pick up supplements, lab kits or other necessities, we ask that you please call ahead to the office at 985-231-6750 so we may have your order ready for you at time of pick up.

FOR any emergency, please dial 911 or go to the ER.

RECORDING APPOINTMENTS

Electronic recording of appointments and/or conversations with Dr. Cuccia is strictly prohibited, unless prior approval is obtained by Dr. Cuccia. It is illegal and unethical to record a medical appointment without the knowledge of the medical provider. If such recording takes place, legal action may be taken.

PHONE CALLS AND MESSAGES

****IF YOU HAVE A MEDICAL OR PSYCHOLOGICAL EMERGENCY, CALL 911 OR GO DIRECTLY TO THE NEAREST EMERGENCY ROOM.**

Dr. Cuccia does not communicate via text or email at present. Please call the office with any questions. Phone messages left will be responded to within 24 hours (during business hours only).

When leaving a message, please be brief and include the following information:

- Full name (please spell your first and last name) and date of birth.
- Reason for your call. Please list your questions in bullet form, i.e. #1, #2...
NOTE: If you have an extensive list of concerns, this may require an appointment to address.
- Please note: Our staff can only answer limited questions regarding your concerns. They cannot address details of treatment or an extended list of questions. These questions are best addressed in a consultation with Dr. Cuccia.

PRESCRIPTION REFILL REQUESTS

For prescription refills, we ask that you contact your pharmacy and have them fax the request to our office. Our fax number is 888-748-5790. **It may take up to 72 business hours to process your refill request.** Please plan ahead to avoid any interruptions in your medications.

**Yours in Hope and Health,
The Cuccia Health Institute Team**

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Cuccia Health Institute Policies

By signing below I acknowledge that I have read, understand and agree to these policies. I give full consent for the completion of my evaluation and provision of treatment as necessary to the

professional named above. If I have any questions regarding the included information, or about anything related to my treatment, I will discuss this with Dr. Cuccia as appropriate.

Patient Signature

Date

All Medicare Patients Must Sign Below

By signing below I acknowledge that I have read, understand and agree to the policies regarding Medicare and I have been informed that services provided will likely be denied by Medicare.

Signature _____

Print Name _____

Date _____

Informed Consent Regarding E-mail or the Internet Use of Protected Personal Information

I have read this form carefully and understand the risks and responsibilities associated with the use of e-mail. I agree to assume all risks associated with the use of e-mail.

Print Name _____

Signature _____

Date _____

Functional Medicine Agreement

I agree to use the Functional Medicine approach to manage my health.

Signature _____

Print Name _____

Date _____