



## Office Policies for BodyLogicMD of Philadelphia

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The following policies are designed to facilitate communication between patients, physicians and staff. The purpose is to maintain good and healthy professional relationships with our patients.

**Fees:** Fees are due at the time of service. Since we do not participate with insurance companies and strive to maintain the most reasonable fees available to our patients with the highest quality care, we require that all services are paid for at the time of service.

**Refunds:** For lab orders, refunds must be requested within 7 days of placing the order. All refunds/ cancellations are subject to an administrative fee.

**Cancellations:** We request that patients give 48 hours notice of cancellation of appointments. If cancellation is given with fewer than 48 hours notice, the patient may be held responsible for payment of the visit. This payment may be waived IF the appointment time is filled by another patient.

**Telephone Consultation Charges:** In some instances, it may be necessary to bill for telephone consultations. If the patient is calling with questions specifically pertinent to current therapy, the patient will not be charged. If the patient is calling in regards to new advice, new therapy, or other issues not related to current care and therapy, we reserve the right to bill the patient in 15 minute increments. We will advise you ahead of time if we intend to bill you for the telephone consultation.

**E-mail:** Please note that we may answer medical questions sent via e-mail. Since we cannot guarantee the encryption of every email sent to you that may contain PHI (or EPHI), and since you may refuse encryption of emails for convenience, we may seek acknowledgement of this policy from our patients to ensure they understand the risks of potentially receiving unencrypted emails, and are notified that such events may occur. This means that emails may not be secure to and from our servers to your email and are subject to hackers and theft. Protection of your information is important to us. If you request PHI be sent in the form of an email and would like it encrypted, please let us know at the time of request.

**Scope of Services:** The medical services available from this office are limited to anti-aging, nutrition/fitness and related services. We will not function as your primary care physician and consequently will not be able to provide certain services to you such as your Initial Preventive Physical Exam (for Medicare beneficiaries). We cannot function outside the scope of the physician's particular medical expertise and training and will therefore, if the need arises, refer you back to your primary care physician for referral to a particular specialist.

**Release of Laboratory Test Results:** All laboratory testing is ordered as a diagnostic tool by your physician in order to provide appropriate care to you. As such, we are unable release results of any testing without physician review and associated consultation appointment.

Please note that these policies are subject to change. You will be notified by your physician of changes in policies, as applicable.

I, \_\_\_\_\_, have read, understood, accepted and agree to comply with the policies listed above.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_