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Billing Policy for Private Insurance

Effective February 15, 2011

Please read each part of this document carefully. At the end of the document, there is a form stating that you have read and understand the three parts. Please initial, sign and date this form, return it to our office with your medical forms if this is your first visit, and keep a copy of our policies for yourself. **Because this is an integrative medicine office, rather than a conventional medical practice, this document is more than a simple fee schedule.**

Part One: Overview

WHY INSURANCE COVERS ONLY PART OF THE COST OF YOUR VISIT

Integrative, personalized care takes more time, explores health issues in greater depth, often addresses multiple complex problems, and involves a significant amount of health and lifestyle coaching.

Private insurance companies do **NOT** recognize integrative medicine as a specialty and do not pay for integrative medicine visits. They cover conventional medical services only, which typically comprise only a part of an integrative medicine visit or consultation.

Our office and staff can attest to the difficulty to find ways to have insurance cover the services that are provided. Most integrative practices avoid becoming a provider with insurance companies. This requires that when coding (describing your visit) and billing, that our staff and billing company make sure that we bill insurance only for the allowable portion of your visit, which may cover a variable portion of your visit with Dr. Davis. In order to stay in practice, the office must charge for the integrative services that are not part of conventional medical care.

Insurance covered services include medical history, physical examination, reviewing conventional medicines and some medical decision making.

When we submit your payment to your insurance company, we code the portion of the visit that is allowable and the patient is reimbursed based on standard treatments for diagnoses. Any monies not directly sent to you will be forwarded to you by our office with the copy of the explanation (called an explanation of benefits or EOB).

INTEGRATIVE MEDICAL CARE INCLUDES OTHER SERVICES THAT ARE RARELY PROVIDED BY CONVENTIONAL PRACTICES.

The majority of insurance companies consider nutritional evaluation and treatment, lifestyle counseling, some types of health screening such as IgG food allergy testing, and many mind body interventions to be “medically unnecessary” and are therefore not eligible for reimbursement. These services may include:

Review of current care and choices for optimal integration of conventional and complementary/alternative (CAM) treatments, testing and practitioner referrals.

Coaching regarding setting lifestyle and health priorities and goals This may include diet changes, supplements, herbs, exercise, stress management, mind body techniques, or other modalities.

Functional medicine evaluations (including nutritional, digestive, hormonal, allergic, structural, genomic and toxicological testing) and treatments. These address causes of illness and are often not covered in conventional approaches to illness.

STANDARD HEALTH INSURANCE POLICIES DO NOT PAY THE FULL COST OF THE LONGER AND MORE COMPLEX SERVICES THAT ARE UNIQUE TO AN INTEGRATIVE MEDICINE CONSULTATION. CONSEQUENTLY, WE NEED TO BILL THE PATIENT FOR THOSE SPECIAL SERVICES.

The services that are not covered by insurance may comprise 50- 100% of the integrative medicine visit. Insurance companies are very precise about what they will and will not cover.

Billing insurances companies for non-covered services is not an option.

Visits that are devoted to nutritional, exercise, mind-body/energy and in some cases acupuncture (dependent on your insurance policy) are **NOT** visits that are likely to be covered by insurance.

All charges are to be paid at the time of service. The only insurance accepted at the office is Medicare. All charges not covered by Medicare must be paid for at the time of service. Individuals who require adjustment to their billing based on their income/financial picture must speak directly to Dr. Davis for any adjustments to their billing.

Part Two: Billing Specifics

Integrative Medicine is not recognized by insurance companies as a medical specialty. Therefore, your insurance company will be billed for usual and customary charges for internal medicine. The patient is responsible for contacting their insurance company to determine if your specific plan will cover a medical visit to Dr. Davis. Insurance plans vary in what restrictions they place upon coverage. Examples include primary care provider referrals, or policy restrictions for out of network providers at a reduced reimbursement rate (50% versus 80%).

Dr. Davis accepts Medicare only for insurance purposes at this time. She is listed as an out of network provider for Carefirst Blue Cross and Blue Shield.

Your receipt or superbill is sent directly to your insurance company by our billing service, Reliable Medical Billing and Consulting, L.L.C. (Reliable). Any issues with insurance reimbursement should be discussed with their staff at 410 929 8314. Any required co-pays will be billed through their office.