

Chart#: \_\_\_\_\_ Functional Medicine/Clinical Nutrition Treatment Plan

**5 visits \$500.00 These would include: 1) Metabolic Assessment, 2) Report of Findings, 3) Nutritional & Lifestyle Counseling**

- Visit 1
  - New Patient- Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient;

99385 – 18-39 year old, 99386 – 40-64 year old, or 99387 – 64+

- Established Patient – Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient;

99395 – 18-39 year old, 99396 – 40-64 year old, or 99397 – 64+ year old

- Visit 2
  - Findings – 99402 – Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes.
- Visit 3
  - Follow-up Visit – 97802 –Medical Nutritional Counseling Code – Initial assessment and intervention, individual, face-to-face with the patient, each 30 minutes.
- Visit 4
  - Follow-up Visit – 97803 - Medical Nutritional Counseling Code – Re-assessment and intervention, individual, face-to-face with the patient, each 30 minutes.
- Visit 5
  - Follow-up Visit – 97803 - Medical Nutritional Counseling Code – Re-assessment and intervention, individual, face-to-face with the patient, each 30 minutes.
- Visit 6-9 – (Payable at visit 5)
  - I understand additional follow-up visits are typically required and that the above codes are not covered by my insurance carrier and will not be filed. I also understand that I am responsible for a one-time pre-payment for these services in the amount of **\$300.00** at the end of my 5<sup>th</sup> visit.
- **Please note, these fees do not include lab fees (unless indicated below) or supplementation and is not a guarantee of cure.**

**Labs - Cyrex Testing: (there is a \$75 ROF fee along with the cost of the Cyrex testing)**

- Array 2.....\$195.00    Array 3.....\$325.00    Array 4.....\$225.00    Array 10.....\$580.00  
**(The Labs are non-refundable) \*I have reviewed the frequently asked questions and restrictions for Cyrex Lab prior to getting labs done\_\_\_\_\_ (initials)**

*I understand that the above codes are uncovered by my insurance carrier and will not be filed. I also understand that I am responsible for a one-time pre-payment for these services in the amount of \$\_\_\_\_\_ prior to scheduling an appointment for labs or treatment.*

***I also understand that additional time is being scheduled for these visits, therefore a 24 hour cancellation notice is required for all functional medicine visits. I understand that if I have to cancel my appointment without giving the 24 hour required notice there will be a full visit fee applied.***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature