



Informed Consent

Name: _____ Date: _____

I have sought the clinical and health care services of FUEL4U, LLC – for my personal healthcare or for my child or children who are minors. I understand that this health practice uses some approaches and methods that are known as complementary, alternative, holistic or functional in nature. This may not be covered by my insurance plan or might not be generally accepted by mainstream medicine. The terms complementary, holistic, alternative, or functional refer to therapies that may include, but are not limited to, dietary and nutritional supplement advice, yoga, acupuncture, certain dietary/exercise protocols to follow, and certain metabolic tests that are used for informational purposes. Furthermore, the information gained from laboratory and evaluation tests may be interpreted differently from mainstream medical doctors. Approaches for improving general health and nutrition may be based upon the tests/evaluations and philosophies of complementary/functional/holistic/alternative medicine and may or may not be consistent with mainstream medical tests/evaluations and philosophies.

Although prescriptions and over-the-counter medications are used when your physician deems it necessary, foods, vitamins, minerals, enzymes, herbs, and other nutritional approaches may also be chosen as therapy or as adjunctive to medical therapies. It is your responsibility to ensure you inform your medical doctor of all supplements/diets you will be partaking in so that he/she can make sure there are no contraindications to your medicine. I will be glad to discuss and confer with your medical doctor concerning these supplements/diets if he or she wishes to do so and with your approval.

In addition to recommending oral nutritional supplements, it is not uncommon that FUEL4U, LLC might use products/approaches that are not FDA (Food and Drug Administration) approved or evaluated for any condition though are in compliance and permitted to be used pursuant to the federal Dietary Supplement Health and Education Act of 1994.

My health and nutrition programs are exclusively an office-based operation. I am not affiliated with a local hospital. As a result, I STRONGLY RECOMMEND THAT IN ADDITION TO MY SERVICE THAT YOU MAINTAIN A RELATIONSHIP WITH ONE OR MORE PHYSICIANS QUALIFIED TO CARE FOR YOUR INDIVIDUAL HEALTH CONDITIONS (I would be happy to recommend a new physician that is open to the therapies discussed in my office). For example, in case of children I advise that you seek the advice of a pediatrician; if you have cardiovascular disease consult a cardiologist; and if you have cancer consult with an oncologist; if you have any other degenerative conditions like, Diabetes, Lupus, Lou Gehrig's disease (ALS), Multiple Sclerosis, or any other auto-immune disease, please seek the advice from the appropriate medical professional. I often refer clients to these and other healthcare professionals when it is deemed necessary. These physicians can provide you and your family with emergency care if hospitalization is needed and ongoing follow-up care. I am happy to communicate and cooperate with your doctor(s) regarding your medical condition(s), options, or any other health related issues.

As with many health-related services, there are certain potential complications which may arise during the receipt of these services. Those complications range from discomfort through serious health concerns requiring emergency medical care. The probability of these complications is rare, but you are being made aware of the full range of possibilities that may occur and assume the risk of proceeding with care by signing this agreement. I have been informed of alternatives to receiving the health care services proposed in my treatment plan, including no treatment at all, and have agreed to move forward with the proposed plan of treatment. All my questions have been answered concerning the proposed plan of treatment to my satisfaction.

FUEL4U, LLC makes no representations, claims, or guarantees regarding the efficacy of the proposed recommendations. The protocols that I recommend are based upon a combination of my clinical experience and my knowledge of scientific and medical literature. With this information, individualized protocols may be offered and applied as either adjunctive or primary protocols for certain conditions.

By signing this informed consent form, you agree to hold harmless FUEL4U, LLC, its owners, employees and contractors from all professional and personal liability, negligence, or other legal liability. You agree to be responsible for all legal costs and fees that may result from action(s) on your part or on the part of your representative(s) against us. If a legal case is brought against us, you agree that

we shall be judged by the standard principles of complementary/holistic/alternative/functional medicine and not the standards and principles of consensus of conventional/allopathic medicine. You have the right to have this consent reviewed by your lawyer before accepting any services from our office and we suggest that you exercise this right.

FUEL4U, LLC makes available nutritional supplements and other health related products. You are in no way obligated to purchase these products from my office or any other specific location or company. You may freely choose to purchase such products from any source(s) you wish. FUEL4U, LLC may profit from the sale of supplements and other products that are made available to its clients.

INDIVIDUAL'S FINANCIAL RESPONSIBILITY

- Your insurance is a contract between you and the insurance company. It is your responsibility to understand the benefits of your plan for all services. I cannot guarantee payment of your claims that I file. I file as a courtesy to you and your insurance company will not give us a guarantee of coverage. If your insurance company pays only a portion of your claim or rejects your claim, you and /or the policyholder should make an inquiry to your insurance company. Payment delays or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred. Unfortunately, delays in reimbursement may make you subject to a \$5.00 per month fee for balances older than 30 days plus a 10% administrative fee, a \$35.00 fee for returned checks, and a fee not to exceed 10% for the establishment of a payment plan.
- I participate in a Cigna and Blue Cross/Blue Shield. All patients are required to pay their co-pay, co-insurance, deductibles, and any patient balances owed of all visits, at the time of their visit. Patients that do not pay their co-pay at time of visit will be charged an additional \$ 5.00 statement fee. In addition, HMO patients must present a valid referral/authorization from their primary physicians at check in. All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered" or you do not have an authorization, you will be responsible for the entire charge for all services rendered. Patients are encouraged to contact their insurance company for clarification of benefits prior to services rendered. If you do not satisfy your financial responsibilities, FUEL4U, LLC may use a collection agency, may provide protected health information to that agency. If such agency is used, you will be responsible for a 35% balance-based collection fee and any additional costs related to satisfying that debt, including, but not limited to, court costs, and / or reasonable attorney fees that may be incurred in the collection of an outstanding balance affiliated with satisfying your financial responsibility.
- For me to service your account and /or to collect any amounts you may owe, FUEL4U, LLC, and my agents may contact you by telephone at any phone number associated with your account, including wireless telephone numbers, which could result in charges to you. I may also contact you by sending text messages or emails, using any email address you provide us to use. Methods of contact may include using pre-recorded or artificial voice messages and /or use of an automatic dialing device, as applicable.
- Missed appointments: You will be billed an \$80.00 charge for missed appointments not cancelled with at least 24 hours in advance.
- If you believe your insurance company has made an error or not adequately addressed your claims you may contact the insurance company and/or file a grievance or appeal with your state: for Maryland, contact the Maryland Insurance Administration at 410-468-2244 and/or The Health Advocacy Unit of the Maryland Attorney General at 410-528-1840; for Pennsylvania, contact the Bureau of Consumer Services, Pennsylvania Department of Insurance at 1-877-881-6388; for North Carolina, contact the Consumers Services Division, N.C. Department of Insurance at 1-855-408-1212; for Virginia, contact the State Corporation Commission, Virginia Bureau of Insurance at 1-877-310-6560; and for the District of Columbia contact the Department of Insurance, Securities and Banking at 202-727-8000.
- I understand that I am financially responsible for my health insurance deductible, coinsurance, or non-covered service.
- Co-payments are due at time of service.
- If my plan requires a referral, I must obtain it prior to my visit.
- If my health plan determines a service to be "not payable", I will be responsible for the complete charge and agree to pay the costs of all services provided.
- If I am uninsured, I agree to pay for the medical services rendered to me at time of service.

INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS

I hereby authorize and direct payment of my medical benefits to (PROVIDER OR GROUP NAME) on my behalf for any services furnished to me by the providers.

Most insurance plans cover services that they consider medically necessary and/or reasonable and customary. Many of our services such as nutritional consults, exercise programs, dietary protocols, and testing (blood/urine/saliva) are often not considered by insurance companies to be necessary or a "covered service" and, therefore, reimbursable, based upon their own criteria. FUEL4U,

LLC participates with Blue Cross/Blue Shield and Cigna Insurance at. **By signing this form you accept full financial responsibility for all non-covered services; including consultations, blood/saliva/urine and other laboratory tests and procedures.**

SIGNATURE ON FILE: I request that the provider make either to me or on my behalf payment of authorized benefits to FUEL4U, LLC for services furnished to me. I authorize any holder of medical information about me to release to my insurance company and its agents any information needed to determine these benefits or the benefits payable for related services

Your signature verifies and affirms that you have not been told to discontinue treatments with any other medical specialists or other health care providers.

Your signature is being given prior to rendering any services, advice, and/or recommendations whatsoever from FUEL4U, LLC.

It is the responsibility of the client to follow-up with our office for results of all testing and laboratory procedures. It should not be assumed on the part of the client that if they are not contacted by FUEL4U, LLC, or if the client does not schedule or keep consultation, that test results are normal (or without abnormalities) and may not require further follow ups or advice. Health/medical recommendations and/or possible referral and additional follow-up may be warranted based upon laboratory testing and evaluations.

The client is further notified that some tests, or all, may not be covered by their insurance company. The client assumes full responsibility for the costs of non-covered tests. FUEL4U, LLC does not assume responsibility for costs of non-covered tests. FUEL4U, LLC does not assume full responsibility for costs incurred regarding non covered and/or potentially covered services, including procedures, lab tests (blood, urine, saliva, etc.), and consultations.

FUEL4U, LLC also recommends that you get medical clearance from your MD before you partake in any of the exercise modalities that I might suggest. FUEL4U, LLC does not allow their sessions with any client to be recorded on any kind of device, if a client wants to record a session FUEL4U, LLC must give its consent.

By entering your signature below, you are acknowledging that you have read this entire agreement, understand all terms, verbiage (language) and concepts herein, and agree to proceed with care. By signing below, you agree that you have weighed the risks and benefits of proceeding with the services and have decided that it is in your best interest to obtain the services proposed. Having been informed of the potential risks, I hereby give my consent or the consent of the minor to which I am legal guardian for said services.

I understand this consent agreement and have executed it freely and willingly.

FUEL4U, LLC REQUIRES 24 HOURS NOTICE UPON CANCELLING AN APPOINTMENT. IF PRIOR NOTICE IS NOT GIVEN, YOU WILL BE CHARGED THE FEE ASSOCIATED WITH THE SCHEDULED APPOINTMENT. SIGNING THIS AGREEMENT CONFIRMS YOUR CONSENT TO THESE TERMS.

Client's Name (print) and Signature

Date

Witness

Date

Natural/Integrative/Holistic/Functional/Alternative Approaches refers to services, theories, concepts, and recommendations including, but not limited to, dietary suggestions, nutritional supplements, lifestyle suggestions, herbs, stress reduction, exercise, and non-standard tests and or evaluations.

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