



Personalized Medicine Practice – Frequently Asked Questions

1. What is a Personalized Medicine Practice?

A Personalized Medicine Practice (PMP) focuses on proactive, comprehensive care tailored to each individual's unique health needs and goals. This model emphasizes prevention, wellness, and a strong patient-provider relationship, allowing for longer visits, meaningful communication, and a more collaborative approach to maintaining optimal health.

2. What services are included in my annual fee?

Please refer to the enclosed "Highlights & Details" for the complete list of offerings and amenities.

3. What is the mission of your practice?

Our goal is to provide the highest quality medical care and service, emphasizing a proactive and comprehensive approach to disease prevention and wellness. For patients who truly value their health, having a provider as a partner and coach represents the ideal patient-provider relationship. Together, we will aim to prevent medical illnesses before they occur. Care will be delivered in a relaxed, professional environment focusing on optimizing your health. We want you to be completely satisfied with every aspect of your care.

4. Who covers for when your preferred provider is unavailable?

Our goal is to remain available to you 24 hours a day, 7 days a week. On rare occasions when your provider is unavailable, one of their colleagues will provide care on their behalf.

5. Do I still need health insurance if I enroll?

Yes, PMP membership is **NOT** a health insurance program. You should maintain your PPO, Medicare, or other insurance coverage, as well as any FSA or HSA plans.

6. Are there any additional fees outside of my annual membership?

We will continue to file your insurance for office visits and medical services. You will be responsible for any copays or coinsurance as required by your insurance plan. For patients without insurance coverage or those who choose to self-pay, office visits are \$75. Additional services (such as procedures, non-preventive lab work, diagnostic testing, and injections) are offered at a reduced payment-at-time-of-service fee schedule.

7. Will my insurance still be billed for office visits?

Yes. We'll continue to file your office visit claims with your insurance company. If your plan requires a copay or coinsurance, payment is paid to the practice at the time of service. Office visits are billed separately and are not part of the annual membership fee.

8. What if my provider is not in-network with my insurance plan?

If we are not listed as a provider for your insurance plan, we are still happy to see you. If needed, we will refer you to in-network specialists and facilities for consultations, testing, or hospitalization to help minimize costs. For patients who are out of network (self-pay), services are available at a lower, payment-at-time-of-service fee schedule.

9. What is your Medicare status?

Our office is, and has always been a non-participating (“non-par”) Medicare provider. We will continue to submit all Medicare claims on your behalf in accordance with Medicare guidelines.

Visits with a Physician Assistant (PA): Medicare requires PAs to accept assignment. You will owe only your applicable Part B deductible and 20% coinsurance based on the Medicare-allowed amount. There is no balance billing beyond the allowed amount for PA services.

Visits with an MD: As a non-par physician, charges will never exceed Medicare’s limiting charge. Medicare will reimburse you directly, and payment to the practice is made at the time of service. This process ensures transparency and compliance with Medicare regulations while helping you understand exactly what to expect for your care.

10. Is the annual fee tax-deductible?

Your membership fee may qualify as a medical expense and be tax-deductible. Please consult your tax professional for guidance based on your individual situation.

11. Can I use my Health Savings Account (HSA) or Flexible Spending Account (FSA)?

In many cases, membership fees and related medical services may qualify for payment through your HSA or FSA. We recommend checking with your plan administrator or tax advisor to confirm eligibility based on your specific plan guidelines.

12. What about lab work, imaging, specialists, and hospitalization?

Your annual fee covers membership and the benefits listed in the Highlights & Details page. Other procedures and services performed outside my office will be billed directly by the performing entity.

13. What should I do in an emergency?

If you experience a life-threatening emergency, call 911 immediately. Once emergency services are activated, you or hospital personnel may contact your provider so they can assist in your care. For non-urgent matters, please contact your provider first for guidance.

14. What if I become ill while traveling or away on vacation?

If you have a life-threatening emergency, call 911, then contact your provider. For minor issues, call your provider first. Most prescriptions (except certain controlled substances) can be sent to pharmacies nationwide. If you visit an emergency room or urgent care while away, please ask the treating provider to contact your provider for coordination. We will remain available for consultation and, if you are hospitalized, will maintain contact with your attending physician to ensure continuity of care.

15. What if I need to see a specialist or surgeon?

If a specialist referral is needed, we will help you select the most appropriate physician, coordinate the consultation, and ensure relevant medical information is forwarded in advance.

16. Do I still pay my annual fee if I rarely use the services?

Yes. Membership ensures access to the practice and its benefits whether you are sick or well. We encourage all members to use these services proactively to maintain and optimize health.

17. What if I move out of the area?

If you relocate and wish to transfer care, your annual fee will be refunded on a prorated basis, depending on whether your annual comprehensive wellness visit has been completed.

18. Can I enroll at any time?

This practice is intentionally limited in size to ensure highly personalized care. Once the membership cap is reached, a waiting list will be established. Every effort will be made to accommodate new patients while maintaining the quality of care existing members expect.

19. When do I need to decide?

We encourage patients to make their decision as soon as possible to ensure continuity of care and secure their place in the Personalized Medicine Practice. Enrollment is limited to maintain the highest standard of personalized service and access.

20. When can I enroll?

Enrollment begins October 15, 2025 and will remain open until all membership spots are filled. Once capacity is reached, a waiting list will be established.

21. How can I enroll?

You can enroll by completing the Patient Agreement Form and submitting your annual membership payment. Forms will be available in the office and online through the patient portal. Our staff will be happy to assist you with the process and answer any questions.

22. What are my payment options?

Payments may be made by check or credit card. Annual or semiannual payment options are available for your convenience. For patients selecting the semiannual option, payments will be automatically charged to the card on file. Our staff will be happy to assist with payment arrangements or answer any billing-related questions.

For additional questions or assistance, please don't hesitate to call us anytime. Our team is always happy to help and looks forward to continuing to care for you with the same warmth and dedication you've come to expect from our practice.
