

Concierge Health Coach Gainesville FL

 preventivehealthadvisor.com/concierge-health-coach-gainesville-fl/



Note: You may print and sign this consent. This form is for Concierge Health Coaching Intensive Non-Pharmaceutical Treatment in Gainesville, FL provided 1 on 1 with a PA and is not covered by insurance. Check all desired health goals:

Check Here: 3 month \$400 (90 day period, 6 visits total, 2 per month), Annual (365 day period, 2 visits monthly billed annually \$900), PPV (Pay per visit) \$100 Each visit is 30 minutes. Visits must be completed from contract signing through the contract period or will be forfeited.

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| <input type="checkbox"/> Longevity Enhancement Program | <input type="checkbox"/> Medication Reduction Program |
| <input type="checkbox"/> Cholesterol Lowering Holistic Approach | <input type="checkbox"/> Hypertension Holistic Control |
| <input type="checkbox"/> Diabetes Holistic Health Program | <input type="checkbox"/> Sports Injury Treatment and Healing |
| <input type="checkbox"/> Exercise Prescription for Health Goals | <input type="checkbox"/> Longevity Enhancement |
| <input type="checkbox"/> Medical Weight Loss Program | <input type="checkbox"/> Headache and Migraine Control |
| <input type="checkbox"/> Natural Weight Loss Program | <input type="checkbox"/> Colds or Flu Duration Reduction |
| <input type="checkbox"/> Muscle Building Program | <input type="checkbox"/> Athletic Performance Enhancement |
| <input type="checkbox"/> Cancer Prevention Program | <input type="checkbox"/> Heart Disease Modification Program |
| <input type="checkbox"/> Optimization of General Health | <input type="checkbox"/> Nutrition for Health Goals |
| <input type="checkbox"/> Chronic Fatigue Holistic Treatment | <input type="checkbox"/> Other Health Goals _____ |
| <input type="checkbox"/> Erectile Dysfunction | <input type="checkbox"/> Nutrition for Health Goals |

General Program Overview

- Free brief initial phone or in person consultation with practitioner.
- Review of medical history and previously completed labs and tests.
- Lab work or micronutrient testing at wholesale rates
- Research backed, evidence based vitamin, herb, and food supplementation (supplements available at additional cost).
- Free patient website database access.
- Intensive preventive services and counseling offered far beyond what health insurance and Medicare covers.
- Cell phone, email, or text provider access regular business hours (please allow up to 6 hours for reply)

Dietary Analysis and Nutritional Prescription

- Detailed dietary modification for reaching health goals
- Extensive nutritional counseling for treatment of new or current diagnoses and past medical history
- Incorporation of specific foods proven with research to treat disease
- Optional visit to grocery store for nutritional education

Supplementation for Achieving Health Goals

- Research backed, evidence based vitamins, herbs, and supplements to reach specific health goals.
- Supplements to enhance any health condition or longevity, weight loss, endurance, muscle building, or weight gain.

Exercise Program Optimized for Health Goals

- Exercise program for optimizing desired health goals
- May focus on goals such as longevity, weight loss, endurance, muscle building, or weight gain.
- Enhancement of exercise performance with nutrition or supplements

I, the undersigned, hereby request and consent to the services provided within the scope of practice afforded by licensed healthcare professionals and clinical staff members of Holistic Internal Medicine Clinic and Preventive Health Advisor, LLC ("Preventive Health Advisor"). I or my legal representative understand that any recommendations and care received at Holistic Internal Medicine Clinic are supportive only, and do not substitute for regular medical care. I understand that I must continue to see my regular treating healthcare providers as directed by them and take my regular medications as prescribed. Holistic Internal Medicine Clinic will not bill insurance as none of the services described here are billable with insurance. This Concierge Health Coaching Program at Holistic Internal Medicine Clinic, includes a fee charged for contract services not covered by health insurance policies. If you desire basic services covered by your health insurance, please do not sign this contract and you may continue routine standard medical care and preventive service as allowed by your policy.

I hereby acknowledge and agree as follows:

1. I acknowledge that I am entering into an agreement with Holistic Internal Medicine in Gainesville, FL to provide the services specified herein to me within the desired contract period of 3 months or 6 months.
2. I acknowledge and agree that this agreement has not been entered into at a time when I am facing an emergency or an urgent health care situation.
3. The services provided to me may include:
 - a. Evaluation of patient medical history, lifestyle, and previous laboratory and other previous test results;
 - b. Physical examination as indicated to be necessary and lab diagnostic testing at wholesale rates for the contract period;
 - c. Medical recommendations and management for disease prevention and healthy aging, which may include: nutrition, nutritional supplementation, exercise, lifestyle behaviors, stress management, hormone replacement therapy, and other interventions as indicated by medical history, physical examination and laboratory parameters.
4. I or my legal representative understand that I have the right to question any therapy proposed and/or provided by Holistic Internal Medicine, and that all of my questions will be answered prior to receiving such treatment. I or my legal representative understand that I have not been and will not be given a guarantee of beneficial or specific results. I affirm that I have and will always, to the best of my ability, disclose my complete current and past medical history to Holistic Internal Medicine. I understand this history is essential for Holistic Internal Medicine to assess and

provide competent care to me. I understand that the treatment I receive from Holistic Internal Medicine and its health care professionals is in large part based upon my disclosures to them.

5. I have the right to revoke this Consent and contract after the specified contract service period. The service period can be extended at the monthly rate as long as the client desires service. There are no refunds for services provided.

6. I understand that I am responsible for full payment of services when they are rendered. Holistic Internal Medicine will not bill my insurance company and I understand that my tax-deductible health plan will not reimburse me for services provided.

7. I or my legal representative understand that Holistic Internal Medicine and Matthew Obal, MS, PA-C are not excluded from any health insurance plans, but Concierge Health Coaching Holistic Internal Medicine Intensive Non-pharmaceutical Treatment services are not covered by insurance and I am financially responsible for all professional services, regardless of insurance coverage.

8. I or my legal representative understand that if I have insurance or Medicare, these services will not be covered nor will they be billed for these services. I understand that third party insurance, commercial insurance or Medicare rates and coverage are much different than Concierge Health Coaching Holistic Internal Medicine Intensive Non-pharmaceutical Treatment services

9. I or my legal representative agree not to submit a claim to third party insurance, commercial insurance or Medicare for services offered as part of this contract or to ask Holistic Internal Medicine Clinic to submit a claim to third party insurance, commercial insurance or Medicare. I or my legal representative understand that third party insurance, commercial insurance or Medicare payment will not be made for any services offered as part of this contract.

10. I agree that I am entering into this contract with the knowledge that I have the right to obtain third party insurance, commercial insurance or Medicare covered items and services. I have not been compelled to enter into this private contract.

11. I or my legal representative understands that third party insurance, commercial insurance or Medicare health plans do not, and that other supplemental plans may elect not to, make payments for services offered as part of this contract.

12. The supplements included may not have been adequately evaluated for their effects on differing patient populations. Companies producing these supplements may contain extreme variability in the concentration of the desired ingredients within their products. Products should be purchased with standardization whenever possible. Most supplements have not been researched in patients with specific diagnoses, children, pregnant patients, and patients while breastfeeding. Therefore, unless the treatment has been researched in these patient populations, the treatment should never be used by them.

13. The information here has not been designed to substitute the care of a primary care provider, but it is intended to assist and supplement this care. Under no circumstance is the advice in Concierge Health Coaching Holistic Internal Medicine to be used as the sole medical advice.

14. By voluntarily signing below, I affirm that I have read or have had read to me, and fully understand the information contained in this agreement. I have been advised of the risks and benefits of the services provided to me, and I have had the opportunity to ask questions regarding services. I understand this Consent covers the entire course of treatment provided by Holistic Internal Medicine.

Name: _____

Email: _____

Signature: _____

Date: _____

