

New Start Medical Program Safety & Financial Policy

Medical visit types and frequency

- New Start Medical (NSM) offers in office visits for safe, medical monitoring while on the program. We use the New Start Medical app for HIPAA safe communication, telemedicine and for educational purposes.
- Per Obesity Society guidelines, the recommended frequency of medical follow up visits is biweekly during the active weight loss phase and monthly during the weight maintenance phase. We require a minimum of one visit per month for patients in active weight loss or on an appetite suppressant.

Purchasing Products

- All patients need to have been seen by a NSM provider in the past 3 months and have a scheduled follow-up appointment in order to purchase prescription meal replacements
- You can purchase products at the time of your in-office medical visit without ordering beforehand.
- You can order your meal replacements via email or by using the estore located on www.newstartmedical.com. Please review the "How to order food and schedule a food pickup appointment" section of this document for details.

Notes: All food pickups appointments need to be scheduled at least a business day in advance. You will not be able to pick up food without a food pickup appointment. You will be able to order and pick up one month worth of food at a time as we need to monitor your health and vitals for safety reasons.

Medication Refills

- We do not accept refill requests for medications from ANY pharmacy. We ask that you call our office directly when refills are needed or request them at the time of your video or in office visit. Refills will be granted for active patients with scheduled follow-up visits ONLY.

Returning or Exchanging Products

- **All sales are final.** For safety reasons, once you have purchased food or supplements from our office, we cannot accept returns or exchanges.

How to Order Food & Schedule a Food Pickup Appointment

- You can place your orders at any time via email by using the food order form and request to schedule a food pick up appointment for as early as the next business day.
- We will not be able to accommodate walk-in food pick up orders.
- If an order is placed on a Thursday, the next available food pick up appointment will be the following Monday.
- Please double-check your order before you leave when picking up your food items. For safety reasons, once an order has been received by a patient, we cannot take food items back or make exchanges.

No Guarantees

- I understand that much of the success of the program will depend on my efforts and that there are no guarantees or assurances that the program will be successful. I also understand that obesity may be a chronic, life-long condition that may require changes in eating habits and permanent changes in behavior to be treated successfully.

Your Financial Responsibility

- You are financially responsible for services provided to you. The patient is ultimately responsible for the balance if the insurance company does not pay. We will file a claim to your primary and secondary insurance plans, as long as we are in network with your plan. NSM does try and verify your medical benefits and inform you via email ahead of time, what your out-of-pocket responsibility will be. However, this can change and is final once the claims are processed by your insurance plan. Payment of medicine, dietary supplements, and co-payments (co-insurance, deductible, non-covered services) are required to be collected at the time of services. If you are unsure of your financial responsibility, please contact your insurance company in advance to obtain this information. Any balance remaining after insurance has paid its covered portion will be due upon receipt of a statement or at your next visit.
 - *You can also elect to self-pay services if we are in network with your insurance plan, but do not wish to have claims submitted there. Please request 'Patient Election to Self-Pay for Services' form.

Prior Balance

- Patients with a prior balance at the time of services are requested and will be asked to pay in full at the time of the visit.

Methods of Payment

- We accept cash, check, VISA, MasterCard, American Express, and Discover. We do **not** accept postdated checks, nor will we hold checks for any length of time.

Returned Checks

- There is a \$25 fee for any and all checks returned from your bank for any reason.

Information Change

- Please advise us of any address, phone number, or insurance changes promptly.

No Shows & Late Cancellations

- Patients are seen on an appointment basis. A "no show" is missing a scheduled appointment without any type of notice. A "late cancellation" is cancelling within 24 hours of your scheduled appointment time. There is a \$35 charge for each no show or late cancellation instance. Any emergency situation where notice was not able to be given, will be evaluated on a case-by-case basis.

Collection Policy

- Prompt payment for services rendered is expected within 90 days of the initial statement date. Failure of payment or to initiate a payment arrangement will result in cancellation of all future appointments until payment is received.

Video Visits

- Video visits are only available to Pennsylvania residents with our **BEAT Blood Pressure cuff**. The morning of your appointment, you need to log your weight and blood pressure in advance of your video visit that day. If this is not done at least an hour prior to your appointment, we will have to reschedule your video visit to another day.

Patient Name: _____ DOB: ___/___/___

Patient Signature: _____ Date: ___/___/___



HIPAA PATIENT PRIVACY FORM

THIS IS TO NOTIFY **NEW START MEDICAL, LLC** THAT I AM RESTRICTING THE RELEASE OF MY PROTECTED HEALTH INFORMATION. **NO** INFORMATION MAY BE RELEASED WITHOUT MY EXPRESS WRITTEN CONSENT AS INDICATED BELOW.

I HEREBY GIVE PERMISSION TO **NEW START MEDICAL, LLC** TO DISCUSS ANY MEDICAL MATTERS WITH THE FOLLOWING FAMILY MEMBERS OR FRIEND(S):

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

BY CHECKING THIS BOX, I **DO NOT** AUTHORIZE **NEW START MEDICAL, LLC** TO DISCLOSE MY PERSONAL HEALTH HISTORY WITH ANY FAMILY MEMBER OR FRIEND THAT MAY CONTACT YOU ON MY BEHALF.

I authorize **New Start Medical, LLC** to contact me in the following manner:

__ Home Phone () _____ __ OK to leave detailed voicemail
__ Cell Phone () _____ __ Leave voicemail with callback number only

I authorize to receive my appointment reminders by text and email (circle): **Yes** **No**

I authorize to receive my billing statements by email (circle): **Yes** **No**

By signing this form, I acknowledge and understand that I can revoke this permission at any time by submitting a signed statement and that permission will remain in effect unless we receive a revocation in writing. I have also been made aware that New Start Medical's Notice of Privacy & Weight Loss Practices is available to me at the front desk or by accessing their website at www.newstartmedical.com.

Patient Name: _____ DOB: ____/____/____

Patient Signature: _____ Date: ____/____/____



MEDICAL RECORDS RELEASE FORM

PATIENT IS NOT TRANSFERING CARE FROM YOUR OFFICE. INFO NEEDED FOR

MEDICAL WEIGHT MANAGEMENT CONSULT

PATIENT AUTHORIZATION

Last Name: _____ First Name: _____ MI: _____ DOB: _____

Gender: M/F (Please circle)

Home Address: _____

FROM

Name of Physician/Practice: _____

Address: _____

Phone: _____ Fax: _____

TO

New Start Medical, LLC

847 Easton Rd, STE 1500, Warrington PA 18976

Fax: 267-454-7157

PLEASE ONLY SEND THE FOLLOWING RECORDS: Call us if you have questions (Phone: 267-454-7147)

1. Last three (3) office notes
2. Last EKG
3. Lab results from past six (6) months
4. Complete list of medications
5. Other: _____

DISCLOSURE OF SENSITIVE INFORMATION

I understand that my health record may contain sensitive information relating to my conditions(s). This includes, but is not limited to, information pertaining to sexually transmitted disease, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), behavioral or mental health services and treatment for alcohol and drug abuse.

By checking here, I choose to exclude the above types of information from this disclosure: _____

TERMS AND CONDITIONS

- I have the right to revoke this Authorization, in writing, at any time by notifying the Office Manager at New Start Medical, LLC, and the health care provider being requested to disclose health information. Such revocation will not apply to information that had already been disclosed in reliance on this Authorization.
- I have the right not to sign this Authorization. New Start Medical, LLC, will not condition treatments, payment for services or enrollment or eligibility for benefits on whether I sign this Authorization.
- If health information is disclosed to a person who is not covered by federal or state confidentiality laws, there is the potential for this information to be subject to re-disclosure and no longer protected by these laws.
- I have read and understood this Authorization, have had an opportunity to have my questions answered, have signed this Authorization freely and have received a copy of this Authorization is desired.
- Please note that this Authorization expires one (1) year after the date of signature unless otherwise specified here: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

SIGNATURE BY: Patient____ Parent____ Legal Guardian____

Welcome to New Start Medical App

➤ Setting up the app:

1. Download app in app store → Open app and create account:

Sign up with email and create password.

Password requirements: **minimum 8 characters, one capital letter, a number and a special character** - example: **Johnsmith1!**

Write down your password in a secure place!

You can also set up face recognition to use in addition to the password.

2. The app will ask a series of questions: please follow directions
3. **Enable all notifications!**

Please call: 267-454-7147 if you need assistance with app set up

Using the app:

- Goals are set in the left-hand corner, under Profile.

- **Calories:** _____ kcals a day to lose weight
(200-300 less than the Basal Metabolic rate)
- Total Carbs: _____ g/day
- NET CARBS: _____ g/day + Fiber=20-25 grams a day
- Protein: _____ oz or _____ g/day
- Fat: the rest of the remaining calories

These goals will be set up at your initial visit by your medical provider.

- Start tracking food → Select Calories icon in the center of the screen
 - There are categories for breakfast, lunch, dinner, and snacks. Under each category, you can touch “+” to add food
 - There is a search bar on top to look up and add your foods.
 - There is also a “barcode” icon to the right of the search bar that allows you to scan barcodes of packaged foods
 - At the bottom of the screen there is a choice to create a food or a recipe. Use this if you cannot find the food by search or bar code.
 - Select right type of food and the correct amount
 - Touch Quick add at the bottom of the screen. This will add the food to your daily intake
- The app has also a messaging tool that allows you to communicate with our staff though a HIPAA compliant platform. This is located on the horizontal bar menu at the bottom of the screen.
- Progress can be tracked by using graph icon on the horizontal menu. This can track steps, measurements (weight or body comp values), daily intake, sleep etc.
- The big + sign on the horizontal bar menu allows quick access to recording Weight, Blood Pressure, adding water, food, or steps
- **Digital Library** on the Home screen has the electronic form of the educational material on nutrition, behavioral and exercise modules.