FINANCIAL TRANSPARENCY & LAB CONSENT CHECKLIST

Client Name: __ *Date: __*
Provider Name: __ *NPI (if applicable): __*

Section 1: Service Model & Billing Clarity

To ensure compliance with hybrid business models and insurance regulations, please review and check the following as they apply to today's session.

- [ ] **Type of Visit:** This is a Functional Medicine/Coaching consultation. It is distinct from conventional "sick visits" or primary care.
- [ ] **Payment Type:** This is a cash-pay service. Payment is due at the time of service.
- [ ] **Medicare Status:** (Check one)
  - [ ] Provider is **Opted-Out** of Medicare. A Private Contract is on file.
  - [ ] Provider is **not** a Medicare-eligible licensed provider (Health Coach).
- [ ] **Superbill Request:**
  - [ ] Client requests a Superbill for potential out-of-network reimbursement.
  - [ ] Client understands that reimbursement is **not guaranteed** and depends on their specific insurance carrier.
  - [ ] (For Coaches Only) Client understands that a simple itemized receipt will be provided, but no ICD-10 or CPT codes will be included.

Section 2: Laboratory Referral & Financial Disclosure

In accordance with OIG Anti-Kickback guidelines, we maintain full transparency regarding laboratory referrals.

Lab Name	Test Type	Billing Method	Disclosure
		[ ] Patient-Pay (Direct)	No referral fees are accepted.
		[ ] Patient-Pay (Direct)	No referral fees are accepted.
		[ ] Patient-Pay (Direct)	No referral fees are accepted.

Financial Disclosure Statement: I, the practitioner, receive **zero financial compensation, kickbacks, or referral fees** from the laboratory companies listed above. The price you pay is for the laboratory's processing. My professional fee is billed separately for the **interpretation** and clinical application of these results.

Section 3: Medical Necessity Reflection (R.O.O.T.S. Method™)

This section helps justify the "Medical Necessity" for functional testing to support HSA/FSA or insurance claims.

1. Reveal (Primary Symptoms):

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2. Organize (Physiological Node): Testing is assessing: [ ] Biotransformation [ ] Gut/Immune [ ] Hormonal [ ] Energy

3. Objective Rationale (Why this test?):

(Example: "Conventional TSH is normal, but clinical symptoms of fatigue persist; ordering full thyroid panel to assess T3/T4 conversion.")

Client Acknowledgement: I understand that functional lab testing may be considered "investigational" or "experimental" by my insurance company and may not be covered. I consent to the testing recommended above.

Client Signature: _____ Date: _

Next Steps:

- [ ] Sign Private Contract (if Medicare eligible)
- [ ] Complete Lab Requisition via [ ] Online Portal [ ] Paper Form
- [ ] Schedule Lab Results Interpretation Session (Date: ___)

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