

An Explanation of My Financial Policy

At Functional Medicine of Hawaii, I am passionate about what I do and want to provide as many people as possible with the highest quality natural health care. Just as my services are unique, my financial policies cannot align with mainstream medicine.

Why I Am Insurance Free

Some of my patients have asked me why I do not bill insurance directly. While I fully understand the financial challenge this presents to some patients, I do not bill insurance directly for the following reasons:

Being insurance free means I am free of the handcuffs and decision-making that insurers force upon me. I make medical decisions that are right for you, based on what YOU need and what I can provide, not what's right for the insurance plan.

When clinics bill insurance companies directly, the doctors are required to become participating providers. The doctors must sign a contract that allows the insurance company to determine which services they will and will not provide, and how much they can charge for those services. In general, insurance companies are not focused on any preventative or wellness services. They are heavily invested in the conventional model of health care that too often relies on drugs and surgery. I am committed to the functional medicine model that addresses the underlying causes of your symptoms with specific nutritional and lifestyle recommendations.

A participating provider must agree to accept the fees the insurance company establishes, regardless of whether the fees are reasonable or applicable to that practice. In general, these established fees cover the actual cost of the briefest (and I believe the lowest quality) care. Doctors who are participating providers are required to accept discounted fees for their services. Therefore, the clinic must write off the difference, often as much as fifty percent or more of the doctor's fee for service. You may not be aware but in the current health care environment, the actual cost for doctors to provide services continues to rise, while the percentage of reasonable fees that insurance payments cover is declining.

Most doctors and clinics cope with the requirements of being participating providers by keeping their office visits very brief, so that they can see many patients within a given timeframe. When the clinic becomes unprofitable, it will need support from another institution. Most primary care medical clinics are not financially self-sustaining, and have had to merge with hospitals whose expensive high-tech surgical and diagnostic procedures are priced to keep the clinics afloat.

I have found I cannot stay in the insurance networks and provide the time-intensive, well-researched, expert care that you deserve.

Why I Charge For Follow-Up Consultations

Some patients have asked why I charge for follow-up consultations regarding lab results and exams, as well as for telephone consultations.

In follow-up visits, I spend significant time discussing your results with you. For example, it is relatively simple to inform a patient that her mammogram is negative; but it is entirely different to discuss the results of more complex functional evaluations and to recommend practical lifestyle and dietary strategies that may help to prevent breast cancer. I want you to understand that preventative health care takes considerable time and expertise.

Fee Schedule

I have 2 payment options, depending upon your health concerns:

1. The first option is \$350/hour, or a portion thereof, for time spent in record and lab review, consultation, and preparation of treatment plans. I do not charge for a short emails or phone calls to clarify treatment plans or deal with a minor problem that has arisen since our consultation. Payment can be made via PayPal or Quick Books. New patients are required to prepay for the first hour of their initial visit.
2. The second option would be to set up an individualized monthly payment plan that would cover initial record and lab review, office consultation, written consultation notes, treatment plan and follow up emails to answer questions. This plan is appropriate for someone who has chronic health issues which will require time and ongoing care to address. It also provides you with up front knowledge of cost.