

Office hours: All visits are by appointment only. Our office hours are Monday through Thursday, 9 a.m. to 12 noon and 2 p.m. to 5 p.m. and Fridays by appointment.

Appointments: If you are a new patient please download a health questionnaire and bring it to your appointment. Arriving 10 minutes prior to your scheduled appointment time allows you to handle any paperwork or updates to your records. Please know that while we understand that life can be unpredictable, we may not be able to accommodate last minute changes or late arrivals. **To avoid a missed appointment fee when rescheduling an appointment we require a 48 hour (2 business days) notice.** These will be applied to your CC on file or billed to your account.

Emergencies: In case of an emergency call 911 or go to your nearest emergency room. For urgent medical problems that arise after hours please call the office and follow the instructions on our voicemail.

Letter and Record Requests: Copies or transfer of records is \$30 or more depending upon the size of the record. Letter requests are \$25. Legal requests begin at \$50.

Fee for Service and Insurance Information: Dr. Milton is totally committed to your health and to providing only what is best for YOU, not what is dictated or limited by an insurance company. This allows Dr. Milton to practice the best of all possible medicine, so fees are handled in full at the time of your appointment. It is our pleasure to provide you with the documentation you need to be reimbursed by your insurance company. For your convenience we accept Master-Card, Visa, American Express, and Discover.

Medical Records: To reduce unnecessary testing, please bring with you any recent (6 months or less) lab work, EKG's or X-rays.

Prescriptions: Please bring all prescriptions with you to each office visit so that we can review your medications. Any refills should be handled at the time of your office visit. **For your protection, it is our policy for you to have been seen by Dr. Milton in person in the past twelve months to have prescriptions called in.** Certain conditions also require lab testing for refills on at least yearly basis, and sometimes earlier. Please be aware of your individual needs to avoid any interruptions in your medications.

Out-of-State & Out-of-Country Patients: When possible we will arrange phone consultations for out-of-state and out-of-country patients in lieu of office visits, however, **all patients need to be seen in-person at least once per year** for Dr. Milton to continue to provide care for you.

Fee Schedule: While fees may vary on an individual basis, the following is provided as a guideline for determining expected fees for services provided at Advanced Medicine. Fees are subject to change without notification.

Physician Services: Initial Office Visit: Begin at \$395
 Follow-up Visits: Begin at \$185
 Osteopathic Adjustments/Myofascial Treatments: Begin at \$90. Packages of 4 are \$270.
 Phone Consultations: up to 10 minutes = \$145, 15 minutes = \$165, 20 minutes or more begin at \$185
 Emails requiring Chart Review or Medication Adjustments: Minimum fee of \$75 based on time involved

IV Treatments: Chelation IV: \$75
 Nutrient IV: \$75-150 unless otherwise specified
 IV push vitamins: \$75

Prolotherapy: Joint Injection: \$150 per joint per session
 Neck, shoulder and head area: \$300-450 total per session
 Back: \$300-450 total per session

Patient Bill of Rights:

- ◆ To seek consultation with the physician (s) of their choice;
- ◆ To contract with their physician (s) on mutually agreeable terms;
- ◆ To be treated confidentially, with access to their records limited to those involved in their care or designated by the patient;
- ◆ To use their own resources to purchase the care of their choice;
- ◆ To refuse medical treatment even if it is recommended by their physician (s);
- ◆ To be informed about their medical condition, the risks and benefits of treatment and appropriate alternatives;
- ◆ To refuse third-party interference in their medical care, and to be confident that their actions in seeking or declining medical care will not result in third-party imposed penalties for patients or physicians;
- ◆ To receive full disclosure of their insurance plan in plain language.

Initial here to acknowledge receipt of this form : _____