

**ICON Wellness Center  
250 BLOSSOM STE 310  
WEBSTER, TX 77598  
281-724-0190**

## **PRACTICE POLICIES**

### **BILLING/INSURANCE:**

- WE WILL NO LONGER SUBMIT INSURANCE CLAIMS FOR PAYMENT.
- You will receive a service receipt and superbill containing diagnosis codes necessary for insurance filing at the completion of your visit. You may submit these documents to your insurance for reimbursement.
- Payment for the office visits, phone consultation, or specialized lab tests is expected at time of service. All credit card payments will be processed the same day of the visit, or phone call.
- We will not assist you in insurance claim resolution or respond to insurance carrier requests for more information.
- ICON's providers are not Medicare providers; therefore, your payment is due at the time services are provided.

### **DEPOSIT PLAN:**

ICON Wellness Center appointments are made on a guaranteed basis only and require a \$50 deposit from all patients prior to scheduling new and follow up appointments. *You will not be placed on the schedule until the deposit fee has been collected.* We request a credit card on file to hold the appointment for you. Only the \$50 deposit fee will be charged to your credit card. When you arrive for your appointment the deposit will be applied to the cost of the visit. If you miss or cancel an appointment without proper notice the \$50 deposit will be retained as a no-show fee. The no-show fee generally will be waived in the event of a true emergency, or if you give ample notice that you will not be able to make the appointment.

### **PAYMENT OPTIONS:**

Cash, checks, credit cards or Care Credit are all accepted methods of payment for services. On the day of your scheduled appointment, all charges for consultations, specialized testing and nutritional supplements will be itemized and payment is due on the day of service.

Phone consultations will be charged to your credit card on file unless you provide other payment information **prior** to your appointment. A \$35 fee will be assessed for all checks returned for insufficient funds.

### **APPOINTMENTS**

We will assume you will attend all scheduled appointments unless you notify us otherwise at least 2 business days prior to your appointment. Any appointment not canceled within this time frame will be considered a no-show and the \$50 deposit will be retained as a no-show fee. Please be aware that holidays and weekends do NOT constitute business days. You may cancel your appointment by calling the office 281-724-0190 or emailing [info@iconwellnesscenter.com](mailto:info@iconwellnesscenter.com).

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**FEE SCHEDULE: All pricing is subject to change, please ask for most current fee schedule.**

- Initial consultation for new patients is \$300.00.
- Follow up consultation/Routine Physical or Well Woman Exam is \$225.00.
- Phone consultations or electronic visits are \$225.00. All new patients must be seen in office.
- Nutrition consults are \$75.
- Any visit that extends more than the scheduled time will be billed at a rate of \$75 per 15 mins.
- Other clinical fees:
  - Bioimpedence Analysis testing, \$25.00
  - B12 or Testosterone injections, \$15 (injection only) or \$25 (with our product).

All patients who are receiving prescriptions from ICON must be seen in clinic every six months. Visits may be required more frequently depending on the patient's stability of illness or at the provider's discretion.

**PRESCRIPTION REFILL REQUESTS**

For prescription refills, we ask that you contact your pharmacy and have them fax or electronically submit over the medication refill request. Our fax number is 281-724-0191. It may take up to 72 business hours to process a prescription refill.

**PHONE CALLS AND MESSAGES**

- Phone messages left by current patients will be responded to within 24 business hours.
- If you have a medical emergency, call 911 or go directly to the nearest ER.

**MEDICAL RECORDS**

Medical records can only be released with your authorization. It is your responsibility to obtain previous medical records from other health care providers that you wish our providers to review. If you feel your medical records are pertinent to your appointment with our providers, please contact your physician or other health care provider to obtain these records. Your medical records can be faxed to: 281-724-0191 or mailed to: ICON Wellness Center, 250 Blossom, STE 310, Webster, TX 77598

**Practice Policies Acknowledgement**

By signing below I acknowledge that I have read, understand and agree to these policies including the deposit plan /cancellation policy and authorize ICON Wellness Center to charge my credit card on file. I give full consent for treatment as necessary. If I have any questions about the included information, or about anything related to my treatment, I will discuss this with my provider directly.

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff/Witness Signature

\_\_\_\_\_  
Date