



The Wanek Medical Center  
**Foundational Medicine for Life**  
3817 Lawndale Suite D1  
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## **FEE FOR SERVICE FINANCIAL POLICIES**

Thank you for choosing The Wanek Medical Center as a resource in management of your health and well being. We appreciate the confidence bestowed by that choice. In order to help you to better understand charges for the services you receive here, we hope that you will find the following information helpful.

The Wanek Medical Center is contracted with Medicare, Tricare, and Blue Medicare. We are Out-of-Network with all other insurance companies including Medicare Advantage Plans. If you have a Medicare Advantage plan with only In-Network benefits and want to be seen here and a claim paid for services, you must get prior authorization from either your insurance company or your primary care provider. Otherwise, Medicare Advantage claims submitted from this office are generally paid, but, in addition to any Deductibles, may have Coinsurance, rather than a CoPay applied. If you have questions or concerns about your insurance, you may call first to inquire how claims submitted by this office would be paid.

We do file insurance claims for all payors, including Medicare, Tricare and Medicare Advantage services. If we are participating with your insurance plan, CoPays, Coinsurances and Deductibles are your responsibility at the time of each office visit and/or after each claim has been adjusted or paid by your insurance company. If we are out-of-network with your insurance plan, payment is expected at the time of service.

Appointments are scheduled with the provider for a block of time relative to what is necessary to be discussed at the visit. Fees for this service include the time spent in review of any pertinent paperwork prior to the appointment, time spent in the actual visit, time spent in documentation of the visit in the medical record and coordination of laboratory testing orders that are all part of a plan of care.

We use laboratories that are both in an out-of-network. Generally in-network laboratory testing is paid in full by your insurance company, but you must confirm diagnostic and laboratory benefits on your policy to know for sure. If the testing laboratory is in your insurance network, the laboratory will file a claim to your insurance company for the service. If the laboratory is not in your insurance network, as a savings to you, you will be asked to pay this office for the testing. Or, if you prefer, you can pay the Out-of-Network lab directly usually 2-3 times the cost of the same service paid through this office. If your policy has a high deductible or you have no insurance, you may ask to pay through this office for the laboratory testing, which is billed by this office to you at a much lower price than the laboratory charge to you for the service.

In addition to lifestyle and dietary changes, there may be recommendations for diagnostic testing, prescription medication, homeopathic medication and/or supplemental support. Charges for prescription management, homeopathic and/or supplementation are separate from the office visit charges. If any given diagnostic test or prescription refill requires preauthorization, there is a separate charge for that.

And from time to time you might require completion of disability forms, employer forms, and letters of medical necessity, ledger statements, or copies of medical records, all of which carry additional fees for service.

**We are a fee-for-service office and the following fee schedules apply, subject to change.**



## FEE SCHEDULE

### OFFICE VISIT CHARGES (BILLED TO INSURANCE AS EVALUATION & MANAGEMENT)

99203 New Patient, Limited, 30 minutes, \$200

99204 New Patient, Focused, Extended. 45 minutes \$275

99205 New Patient, Extended, 60 minutes, \$325

99212 Established Patient, 15 minutes, \$100

99213 Established Patient, Limited, 20 minutes, \$137.50

99214 Established Patient, Moderate, 30 minutes, \$162.50

99215 Established Patient, Extended, 45 minutes \$250

99213/99354 Established Patient Extended 1 hour, \$325

### Missed Appointment or Appointment Cancellation with less than 24 hour notice \$100

94443 Phone/EMail Consult \$81.25 per 15 minute increments

**Detailed provider emails regarding questions unrelated to ongoing care, detailed discussions and/or significant changes to course of care - \$81.25 per 15 minutes**

### PRESCRIPTION MANAGEMENT

**For existing prescriptions, includes review of care and new lab orders if necessary, answering questions about response to therapy, electronic prescribing, communication with pharmacies and adjustment of a current medication as necessary.**

Single Prescription or New Prescription with or without an office visit \$50 or Management Fee

Pharmacy Transfer or Transfer from another Doctor, \$25 per prescription

Prescription Management of medication prescribed for 6 months - up to 3 medications \$150

Prescription Management of medication prescribed for 6 months - 4 or more medications \$175

Prescription Management of medication prescribed for 3 months - up to 3 medications \$100

Prescription Management of medication prescribed for 3 month - 4 or more medications \$125

Prior Authorization of Prescription Medication or Diagnostic Test \$75

### FORMS AND DOCUMENTATION

Disability forms, employer forms, letters of medical necessity, ledger statements, or copies of medical records.

ASK FOR PRICING

**Payment is accepted by cash, check or credit card**