



MYRTO ASHE, M.D.

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UNCONVENTIONAL MEDICINE PROGRAMS

We are excited that you have decided to embark on this healing journey with Unconventional Medicine!

This document provides details on the plan you signed up for. Please sign and send a copy to us. You may print, sign and scan or mail. You may also e-sign and email.

BILLING DETAILS

At the time of the appointment, we prefer payment via cash or check, but will accept a credit card. Patients who have insurance that reimburses for out-of-network provider services can request a superbill they can provide their insurance company. These are issued separately after visits, though the program is pre-paid.

Concerning insurance reimbursement, please note that while we are happy to provide telephone follow up visits for convenience, your insurance may not reimburse these at the same rate as in-person visits (if at all).

When you get a date set for the first appointment, you will receive an invitation to the Patient Health Record, and to questionnaires that you can fill out ahead of the first appointment. Dr. Ashe will be reviewing your responses usually the day before your appointment.

The Patient Health Record will be used for all subsequent communication. There is an email portal that is closely monitored and in that way, all of our communication becomes a part of your "chart". Thank you for going through the trouble to do things this way – they are mandated by our health care laws, which require that we keep track of what you ask and of how we respond.

If it takes Dr. Ashe more than 2 business days to respond to your email, it's likely because it required more than just clarification. Please request a short appointment.

Please keep track of whether new results have been uploaded onto your portal (you should get an email alert), and of whether we have provided you with the service you paid for. We are fully committed to fulfilling our part of the deal.

Available programs are as follows:

Child program: \$680

This includes

- reviewing your forms ahead of the appointment
- 1-hour initial appointment
- a report summarizing the instructions provided during the appointment
- completing the medical chart, which includes
 - o inputting a list of your supplements and medications
 - o organizing the list of symptoms and presenting medical problems
 - o developing a theory of illness (how did this come about in this particular person?)
 - o researching approaches to your illness
 - o setting up the "chart" for follow up over time, for example making a spreadsheet of lab results if needed
- invitation to online supplement store with full 35% discount
- clarification emails between appointments
- 30 minute follow up visit on the phone or in-person

Simple program: \$1750

This includes

- reviewing your forms ahead of the appointment
- 2-hour initial appointment
- a report summarizing the instructions provided during the appointment
- completing the medical chart, which includes
 - o inputting a list of your supplements and medications
 - o organizing the list of symptoms and presenting medical problems
 - o developing a theory of illness (how did this come about in this particular person?)
 - o researching approaches to your illness
 - o setting up the "chart" for follow up over time, for example making a spreadsheet of lab results if needed
- invitation to online supplement store with full 35% discount
- clarification emails between appointments
- access to our infrared therapy (BioMat)
- 60 minute follow up appointment with Dr. Ashe, to review lab results
- 60 minute nutrition consult with Marilyn Lindsay
- 60 minute stress reduction consult with Marilyn Lindsay

Standard program: \$2750

This includes

- reviewing your forms ahead of the appointment
- 2-hour initial appointment

- a report summarizing the instructions provided during the appointment
- completing the medical chart, which includes
 - o inputting a list of your supplements and medications
 - o organizing the list of symptoms and presenting medical problems
 - o developing a theory of illness (how did this come about in this particular person?)
 - o researching approaches to your illness
 - o setting up the "chart" for follow up over time, for example making a spreadsheet of lab results if needed
- invitation to online supplement store with full 35% discount
- clarification emails between appointments
- access to our infrared therapy (BioMat)
- 60 minute follow up appointment with Dr. Ashe, to review lab results
- 3 more hour-long follow up visits at approximately 2, 4, and 6 months after the initial visit
- 60 minute nutrition consult with Marilyn Lindsay
- 60 minute stress reduction consult with Marilyn Lindsay
- reports, prescriptions, other assistance requiring less than 5 minutes to provide

Follow up appointments

After the initial program, the fee for an appointment is pro-rated at \$390/hour, with a \$100 minimum.

There can be additional fees for writing lab requisitions or calling in prescriptions outside of appointments, or completing forms, if a service requires more than 5 minutes of Dr. Ashe's time.

Emails with questions that can't be answered with a yes/no, or that are not simple clarifications can incur a pro-rated charge. More likely, we will suggest a phone conversation, because it is better and more efficient than having us spend time trying to word something just right so it will not be misunderstood.

These prices are in effect as of February 2018, and are subject to change.

Please complete the credit card authorization form. Upon receipt of this forms, we will offer appointment times for the initial visit.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize
Dr. Myrto Ashe to charge my credit card above for **(please check one or more boxes)**:

- the purchase of a Simple Program (\$1750)
- the purchase of a Standard Program (\$2750)
- minus the \$100 stress reduction visit
- minus the \$100 nutrition visit
- the purchase of a Child Program (\$680)
- minus 25% Family Discount (if there are 2 members of the same family, the second gets a 25% discount)

Total charge: _____

I understand that my information will be saved to file for future transactions on my account.
Future transactions may include:

- return visits at the rate in effect at the time of the visit (\$390/hour for 2018, prorated with a \$100 minimum)
- I do not authorize further transactions at this time

Customer Signature

Date