



David A. Gentile, DO, ABAARM, ABIHM
Board Certified Diplomate Physician
Main Office
797 Route 25A
Rocky Point, NY 11778
(t) 631.821.4200
(f) 631.821.6226
www.oasismedicine.com

OASIS AGREEMENTS

Updated 2021

Thank you for choosing Oasis Integrative Medicine, we are eager to have you a part of the practice! In an effort to maintain our superior level of care, we would like to share our office policies with you:

We kindly ask that you silence your cell phone off while you are here.

PATIENT FEES POLICY

In accordance with our third-party billing fee schedule, you are required to pay what is due at the time of each visit. Dr. Gentile is an OUT-OF-NETWORK provider. Aside from Medicare Part B, our office only works with the OUT-OF-NETWORK benefits of a patients plan. Services rendered within our office may not be covered. It is PATIENT responsibility to understand their insurance benefits prior to each visit. Patient acknowledges and understands that the Practice is not a participating provider in any major medical insurances or private health care plan, ONLY Medicare. Patient acknowledges and understands that the Practice will bill insurance carriers on Patient's behalf for Covered Services provided to Patient and the Practice will bill any health care plan of which the Patient may be a subscriber or beneficiary for Patient Fees due and owing to the Practice under this Patient Agreement. Any fees or charges that are not included in the office visit fee, (i.e. fees for noncovered services) shall be due at the time of receiving notice.

INSURANCE POLICY

Oasis Integrative Medicine is an out-of-network practice, Dr. Gentile does not participate with insurance companies, excluding Medicare. It is the patient's responsibility to contact their health insurance carrier to find out what their out-of-network benefits including deductible for out-of-network services and co-insurance/co-payments that must be paid at a visit once the deductible has been met. There is an initial consultation fee of \$350.00 with Dr. Gentile.

Our office has a third-party billing agency (M.R.S: Medical Reimbursement Service) that we will submit all billing information, office notes, and proof of payment to which will be submitted to your insurance carrier. If there are any Explanation of Benefits including insurance checks that were not received by our office, they will contact you directly. If there are any questions regarding this, you can always contact our office directly and we will clear this up appropriately.

*If you have any questions regarding how out-of-network offices work, please contact our Administration and this will be discussed further.

COINSURANCE AND SELF PAY PATIENTS

All payments **must be paid at the time of your visit**. For your convenience we do accept cash, checks, credit and debit cards (Visa, Mastercard, Discover, American Express are all accepted).

NO SHOW/CANCELLATION POLICY

We require **24 hours (1 business day)** cancellation notice prior to your scheduled appointment. Failure to notify us will result in a **\$50.00 "no show" fee** and must be paid before your next scheduled appointment. You will be sent a signed letter making you aware of the missed appointment along with the fee. A copy of this letter will be kept in your patient file until the fee has been paid prior to your next scheduled appointment. Please understand, appointments that you fail to show up to inconvenience Dr. Gentile and other patients who need appointments in a timely manner.

***Please note that the no show charges are the patient responsibility and will not be billed to your insurance company**



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MEDICATION POLICY

All prescriptions are done electronically with few exceptions. Please call **within a minimum of 3 business days** in advance for routine medication refills. No prescriptions will be filled when the office is closed or if Dr. Gentile is out of the office. Please check your medications before your appointment, please be understanding and respectful of this policy.

CONTROLLED SUBSTANCE

ALL CONTROLLED SUBSTANCES REQUIRE AN OFFICE VISIT FOR RENEWAL. If you are on any controlled substance (including but not limited to opioids, hormone replacement therapies, etc.) prescribed by Dr. Gentile, you must make an appointment to see Dr. Gentile on a monthly basis prior to running out of your prescription. Patient agrees to obtain all prescriptions prescribed by Dr. Gentile for controlled substances from Dr. Gentile only. If a patient is prescribed a controlled substance by another provider, they must obtain the prescription from them; unless they are choosing to have Dr. Gentile take over care. In that case the patient must then only get controlled substances through Dr. Gentile. Patient agree to keep all scheduled appointments for controlled substances, otherwise they will not be renewed.

I understand that monthly visits are required. Patient agrees to allow Dr. Gentile to communicate with other physicians and any pharmacists regarding pain management as deemed necessary. Additionally, we are authorized to obtain records through NYS Prescription Monitoring System to verify that the patient is obtaining controlled substances from the correct provider, including controlled substance prescriptions prescribed by Dr. Gentile. If we find there is suspicious activity, we are permitted to revoke sending controlled substances until you discuss further with Dr. Gentile.

Patient understands the possible adverse effects and dependencies associated with controlled substances as discussed with Dr. Gentile. Patient agrees to perform drug screening tests and quarterly routine labs and random urine drug testing when Dr. Gentile requests it. Patient agrees to contact Dr. Gentile at (631) 821-4200 within 24 hours if an unavoidable emergency occurs requiring an ER visit, or an inpatient admission. **Patient agrees to call 5 business days in advance for refills of controlled medication. Controlled substances will NOT be mailed under ANY circumstances.**

LATE ARRIVALS

If you are more than **15** minutes late for your scheduled appointment without notifying the office, you will need to reschedule and the \$50.00 "no show" fee will apply.

PAYMENTS DUE AT TIME OF SERVICE

All patients are responsible for their office visit fee, including co-payments, co-insurance, fee-for-service procedures (including but not limited to IV Therapies, vitamin injections, etc.). If a patient does not pay at the time of their visit, they will not be able to make another appointment until payment is received and their balance is cleared. If a patient neglects to pay for 3 months; there is a chance the charges could be sent to a Debt Collections Agency

CHANGES

Please notify us immediately of any changes of address, phone, and insurance information, including any changes to your worker's compensation or no-fault status.



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SUPPLEMENTS: Supplements will **NOT** be distributed or shipped without a form of payment provided at the time of purchase. For your convenience we do take cash, checks, credit and debit cards. You may keep a credit/debit card on file for future purchases.

MEDICAL CLEARANCE: If medical clearance is needed prior to a procedure, please notify the office **5 days** in advance to complete the necessary documents. It is the patient responsibility to bring all forms and pre-operative testing or have them sent to the office to be filled out appropriately and in a timely manner. An examination by Dr. Gentile will also be required.

PAPERWORK: If a patient has any form of paperwork to be filled out including but not limited to disability, life insurance, clearances for work or school, notes to cancel memberships, handicap parking passes, other letter for work or school, etc. The patient is required to have an office visit or pay a \$50.00 charge for Dr. Gentile and the staff to appropriately fill out the paperwork. If there is more detail required in the letter, it will be required to have an appointment and updated physical exam.

If you have any questions or concerns regarding the information provided to you, please ask for clarification from one of our staff members prior to signing.

By signing below the patient agrees and understand all the policies mentioned.

Patient Name Printed

Patient/Guardian Signature

Date