



Annapolis Family Medicine

HEALTH & WELLNESS PROGRAM

Frequently Asked Questions

How can this save me money? Will I still have to pay a co-payment each time I come in?

For those of you with high deductibles or high copayments, we will do our best to work with you to limit your time spent in the office. If we can keep you out of the office by refilling your medications or giving straightforward medical advice remotely, we will do that. Thus, allowing you to save on the cost of an office visit and copay.

What extra services am I getting for this money?

If needed, you are getting extra time with providers, same day visits, LESS office visits for routine medication refills (if appropriate), consultations with our psychologist and dietician, consultations for medicinal cannabis, CBD Oil, and cosmetic botox (if desired), and a direct line to our Health & Wellness nurse to get your questions and requests answered promptly.

Can I pay for the fee with my HSA/FSA account? Will it be covered?

Certainly! All insurance plans differ, so while we can't promise it will be covered, we'd be happy to provide a receipt to submit.

What changes with my insurance with the wellness program?

Nothing! Your insurance will be used IDENTICALLY to how it is currently used. The additional cost is simply put towards the extra services we are offering. The fee covers the services that are not traditionally covered by insurance.

Will my insurance cover the annual fee?

No. However, certain Health Savings Account (HSA) and Flexible Spending Account (FSA) plans may reimburse for all or part of the fee. Each plan is different, so it is always safe to check with your human resources representative or plan manager to find out.

Can I un-enroll from the program at any time?

Yes, you can stop your membership and get a prorated refund for the membership fee at any time by giving 30 days notice. If you wish to stop the membership, simply write a letter requesting discontinuation of services.

What if I don't have insurance?

For our self-pay patients who pay at the time of the visit, we offer discounted prices for visits and in-office procedures. In addition, our ability to triage patients via phone will allow us the ability to limit unnecessary visits.

Will you still bill my insurance?

Yes, there will be no change in how we currently bill your insurance. We will continue to bill for office visits and procedures, and charge copays, co-insurances, and deductibles as we currently do. Our annual fee covers the services that your insurance and/or Medicare does not cover.

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What if I'm not interested in joining this program?

We will be more than happy to provide you with a list of local primary care offices and assist you in transferring your records as needed. We do not want to lose any of our valued patients. Please call Stephanie with any questions or concerns.

What if I don't want to join or am not sure if I want to join?

Know that we will still continue in our traditional model through December of 2019, so you do have time to make the best decision for you and your family. If you would like to check elsewhere, we can provide you with a list of providers in the area accepting new patients.



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What prompted this change?

Lower reimbursement rates and increased requirements by insurance companies are leaving providers with little time for meaningful interaction. This program will allow us the needed resources to enhance your health care. Our goal is to have more time and resources to focus on patient care, specifically on prevention and minimizing the need for treatment.