



RACHEL WEST, D.O.  
CONTEMPORARY MEDICINE

2211 CORINTH AVENUE, SUITE 204 • LOS ANGELES, CA 90064

TEL: (310) 450-8959 • FAX (310) 966-9196 • TEXT MESSAGES (310) 560-0241 • WWW.DRRACHELWEST.COM

## OFFICE POLICY

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The following information explains our policies and procedures. Please read it carefully and sign at the bottom. If you have any questions, please ask any member of the staff and they will be happy to answer questions you may have.

### SCHEDULE OF FEES

New patient Detailed Consultation (Cancer - Autism):	Approx. 60 minutes - \$425
New Patient Comprehensive Consultation:	Approx. 45 minutes - \$395
New Patient Consultation:	Approx. 30 minutes - \$305
New Patient Brief Consultation:	Approx. 15 minutes - \$185
Craniosacral Osteopathy:	Approx. 45 minutes - \$275
Follow Up Appointment Regular:	Approx. 30 minutes - \$245
Follow Up Appointment Short:	Approx. 15 minutes - \$145
Blood Draw - Processing Fee:	\$75
Special Needs Blood Draw – Processing Fee:	\$60
Preauthorizations for Medications - New Request:	\$25

\* There will be a \$25 charge for any forms or letters requested that Dr. West fills out for her patients.

We accept all credit cards, debit cards, check or cash. Pricing for treatments, medications, supplements or consultations are subject to change at any time.

Dr. West also provides nutritional supplements, intravenous therapies and certain lab tests which may not be covered or reimbursed by insurance companies.

*\*We do not refund opened purchased supplements or products. If the supplement or product has been Unopened we will grant a credit to the patients account - we charge a 20% restocking fee.*

### PPO OUT-OF-NETWORK INSURANCE

If you have a PPO Insurance, you are out-of-network with our office. We can still provide you a HCFA form (Health Insurance Claim Form), which you can submit to your insurance. *Please make sure to ask for this form.*

We cannot negotiate with a patient's carrier on their behalf. If you are unsure of your insurance benefits, or have questions regarding reimbursement, please contact your insurance company directly, as the information can often only be communicated to you, the patient.

***Please note that your insurance policy is an agreement between you and your carrier.*** We are not part of a contract with your insurance company and therefore cannot guarantee any level of insurance reimbursement.

If a patient's insurance carrier refuses payment, for any reason, the patient remains responsible for the charges. Dr. Rachel West Inc. withdraws itself from involvement in out-of-network insurance disputes, but will provide the patient, or their insurance company, with any information that we are capable and able to release.



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### LABS/ SPECIALTY LABS

Dr. West's office works with various labs, such as Great Plains, Quest Diagnostics, Lab Corp, Pacific Medical Laboratory, Health Diagnostics, Doctors Data, Genova... This list is not exhaustive and evolves over time. The majority of the aforementioned labs can submit to the patient's insurance for any blood work/ tests done through our office.

**However, patients can often benefit from our office's special cash price, which might end up costing you less than the price you would pay if using your insurance.**

Additionally, when the patient's insurance does not cover the full amount billed, the patient is responsible for any unpaid amounts to the labs. i.e. co-payments, co-insurance and/or deductibles.

These matters need to be taken up directly with the specific lab used for the patient's testing. Dr. West cannot be held responsible for any open balances related to payments that the patient's insurance refused to make for these labs.

### TELEPHONE AND PHYSICIAN CONTACT PROTOCOL

If a patient has a reaction to a medication, the best course of action is to stop taking the medication and schedule a follow-up visit.

In most cases, Dr. West is not able to communicate with patients outside of scheduled office visits – as she needs to be able to focus on her patients of the day. However, **patients are always welcome to leave a message with Dr West's assistant team – email ([assistant@longevity.la](mailto:assistant@longevity.la)) or text messages: (310) 560-0241.**

Questions that require a medical decision cannot be answered via e-mail; they require an office visit or phone consultation.

Consultations may take place over the phone – especially follow-ups, but generally not initial consultations (except when justified). Phone consultations will be billed like regular office visits.

### RESCHEDULING & CANCELLATION

To better serve all patients, our office abides by the following Cancellation Policy:

New Patient Appointment	2 Business day	½ scheduled visit price
Follow up appointment	1 Business day	½ scheduled visit price
IV appointments	Same day	\$35
High Dose Ozone	1 Business day	\$85

By signing below you, the patient or guardian, have read, acknowledge that you have read and that you understand and agree with all statements written above. Furthermore, you, the patient or guardian, have been informed of and understand your insurance coverage and benefits while being under Dr. Rachel West's care. You also understand that any visits, treatment or services done through Dr. Rachel West Inc. that may not be covered by your Insurance are your responsibility to pay.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's or Legal Guardian's Signature

\_\_\_\_\_  
Date