



Thank you for scheduling with The HFM Zone! We would like to give you an overview of what you can expect at your initial visit with us.

The HFM Zone is a one-year wellness program focused on health, fitness, and motivation. This is where you come to assess your health and work to prevent serious chronic illnesses that are more common as we age, such as: heart disease, diabetes, or cancer. Individual goals will be set and together we will work toward reaching those goals. What sets The HFM Zone apart from other medical practices is our concentration on wellness.

Unlike traditional doctor visits, which are generally very short, the initial The HFM Zone appointment will be extensive and lengthy. Your visit will last approximately two hours. It will include a consultation with Dr. Holden, during which you will discuss your previous medical history, any current health concerns, and he will listen to goals you would like to reach within this year long program.

After seeing Dr. Holden, you will have the following tests performed:

Bioscan – A full body scan that shows body fat and muscle mass percentages to get an understanding of your body's composition. We will use this as the starting point and do this test again over the next 1 year to verify your body's composition is changing.

Antioxidant Screen – This test measures antioxidants, the first line of defense against disease. It will show your personalized Skin Carotenoid Score, which is a general indication of your overall antioxidant status. We will do this test again over the next 1 year to verify your anti-oxidant score is improving.

Metabolic Rate Test – The REEVUE measures the oxygen that the body consumes. Using this measurement it calculates a patient's Resting Energy Expenditure (REE), commonly referred to as a Resting Metabolic Rate (RMR).

EKG – This is a noninvasive test that is used to reflect underlying heart conditions by measuring the electrical activity of the heart. Information about many heart conditions can be learned by looking for characteristic patterns on the EKG.

****You will also have comprehensive labs drawn. These lab tests will require you to be fasting for 10-12 hours. *It is ok to drink water and take meds the morning of testing.* Please drink lots of water the day before so you will be well hydrated.**

Please wear comfy clothes to your appointment. Also, please avoid wearing any metal on clothing, and no jewelry. (This will save a little bit of time in the process.)**

It will be necessary for you to read, complete, and return all paperwork we have included in this packet.

We will schedule your follow-up appointments with Dr. Holden at each appointment. He will see you back in two weeks to discuss all your test results. You will receive his recommendations and treatment plan at this time. How often you are seen after this will depend on what treatment is recommended. *For instance, patients focusing on weight loss will be seen more often than patients being seen for hormone replacement therapy.* At this point, you can then decide to continue with us or take his recommendation with no further commitment.

When you approach the end of your first year, you will be offered the opportunity to extend your commitment for another year. **We will collect the Yearly Scan Fee at that time.** Should you decide to continue, a complete re-evaluation will be done. We will see how close you are to meeting your goals. We will perform another full body scan and antioxidant screening, along with a complete physical. These results will be side by side with those from your first visit. With a re-evaluation, we can determine how to proceed as we continue your journey to great health.

We look forward to seeing you soon!



HFM Zone Financial Agreement

Thank you for choosing The HFM Zone for your health care needs. We are committed to providing the best possible care. Please understand that management of your billing is important in ensuring that we can continue to take care of your health care needs. Please read the following information carefully and sign where noted below.

By executing this agreement, you are agreeing to pay for all services that are received.

Many of the labs and tests done as part of the Zone program are for screening purposes. These tests are NOT considered medically necessary and therefore may not be covered by your insurance.

The \$500 yearly program fee must be paid in full by the date of service, or a credit card must be on file for automatic withdrawal. Payments may be made up to the date of service or on the date of service, but if not, we will need to put a card on file, giving HFM the authorization to make payments on the date/dates agreed upon by the patient, to be paid in full within 3 months.

We bill participating insurance companies as a courtesy to you. You are expected to pay all deductibles, co-insurances, co-payments, and program fees at the time of service. If a balance occurs and is not paid at the time of visit, future visits will not be scheduled until the balance is paid in full.

By signing this agreement, I understand that I am completely and fully responsible to pay any balance that my insurance company may leave to my responsibility and future visits will not be scheduled until the balance is paid in full.

If there are any charges not covered by Medicare or Medicare replacement policies, I understand that I am completely and fully responsible to pay any amount that may be left to my responsibility.

Patient Signature: _____

Date: _____

As a courtesy, to our HFM Zone patients, the following policy will become effective September 2, 2013

THE HFM ZONE

Late Appointment /Cancellation / No Show Policy

1. Late Appointments

We understand delays can happen, however, we must try to keep other patients and the doctor on time. If you arrive 10 minutes past your scheduled time, we will ask that you reschedule your appointment.

2. Appointment Cancellations

When you do not call to reschedule/cancel an appointment, you are preventing another patient from receiving treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" schedule. We ask that you give at least 24 hours in advance notice to reschedule an appointment or for appointment cancellations.

3. No Show Appointments

If your appointment is not cancelled AND you have previously "no showed" more than one appointment, you will be charged a fifty dollar (\$50) fee; this will not be covered by your insurance company and must be paid prior to your next appointment.

My signature below indicates that I understand the above cancellation/no show policy for my appointments with Dr. Holden through The HFM Zone program. If I am unable to keep my scheduled appointment, I will reschedule or cancel within 24 hours. If I am a "no-show" appointment more than once, I understand a charge of \$50.00, will be applied to my account

Patient Signature

Date

THE HFM ZONE

Name: _____

Appointment: _____

	Health History	Circle all that apply
High blood pressure	Breast cancer	<u>Surgeries:</u>
Heart attack	Ovarian cancer	Gallbladder
Heart stent	Prostate cancer	Appendix
Heart bypass surgery	Colon cancer	Cataracts
Atrial fibrillation	Endometrial cancer	Sinus
Aneurysm	Other cancers:	Thyroid
Peripheral arterial disease		Shoulder surgery
Carotid artery disease	Irritable bowel	Knee surgery
Stroke/TIA	Interstitial cystitis	Low back surgery
High cholesterol	Fibromyalgia	Neck surgery
Diabetes	Migraine headaches	Hip surgery
Sleep apnea		Hysterectomy
Depression	Reflux	Do you still have ovaries? Y/N
Anxiety	COPD	Mastectomy
Chronic kidney disease	Asthma	Carpal tunnel
Auto-immune disease	Other:	Bariatric surgery
Blood clots		
Liver disease		

Social _____ Smoking: current past never _____ Alcohol: none / occasional / daily _____

Testing: Please provide date or approximate if unknown

Colonoscopy _____ Mammogram _____ Bone density _____ Pap Smear _____

Echocardiogram _____ Stress Test _____ PSA _____ Carotid Doppler _____

Family History: circle all that apply

Colon cancer	Heart disease	Diabetes	Alzheimers/dementia
Parkinson's disease	Prostate cancer	Breast cancer	Mental illness

Other: _____

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Intake Form

Symptoms

Fatigue	Y/N	Do you get up at night to urinate?	Y/N
Excessive daytime sleepiness	Y/N	Pain on urination	Y/N
Cold hands/feet	Y/N	urinary incontinence	Y/N
Cold intolerance	Y/N	Recurrent urinary infections	Y/N
Decreased body temperature	Y/N	Trouble with starting or stopping stream	Y/N
Chest pain	Y/N	Joint pains	Y/N
Shortness of breath	Y/N	Muscle aches	Y/N
Heart palpitations	Y/N	Muscle cramp	Y/N
Leg pain with activity	Y/N	Muscle weakness	Y/N
Swelling in legs	Y/N	Muscles decreasing in size	Y/N
Fluid retention	Y/N	Low back pain	Y/N
Puffy face in morning	Y/N	Hip pain	Y/N
		Leg aches	Y/N
		Knee pain	Y/N
		Shoulder pain	Y/N
Heartburn	Y/N		
Bloating	Y/N	Acne	Y/N
Nausea	Y/N	Dry skin	Y/N
Constipation	Y/N	Thin/brittle fingernails	Y/N
Diarrhea	Y/N	Thickened skin, especially heels	Y/N
		Dry or thinning hair	Y/N
Trouble sleeping	Y/N	Loss of or thinning eyebrows	Y/N
Do you snore?	Y/N	Hair Loss	Y/N
Do you stop breathing at night?	Y/N		

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Symptoms (continued)

Decreased concentration	Y / N	Hot Flashes	Y / N
Memory concern or loss	Y / N	Night sweats	Y / N
Dizziness	Y / N	Decreased libido/sex drive	Y / N
Headaches	Y / N	Breast tenderness	Y / N
Numbness in arms/legs/feet/hands	Y / N	Excessive facial or body hair	Y / N
Tingling in arms/legs/feet/hands	Y / N	Vaginal dryness	Y / N
		Regular menses	Y / N
Depressed mood	Y / N	Irregular menses	Y / N
Anxiety	Y / N	Mid-cycle bleeding	Y / N
Agitation	Y / N	Heavy menstrual bleeding	Y / N
Feeling nervous	Y / N	Post-menopausal	Y / N
Racing thoughts	Y / N	Fibrocystic breasts	Y / N
Anger	Y / N	Irritable before menses	Y / N
Low self-esteem	Y / N	Emotional before menses	Y / N
Mood swings	Y / N	Weight gain/inability to lose	Y / N
Hypersensitive/Overly emotional	Y / N		

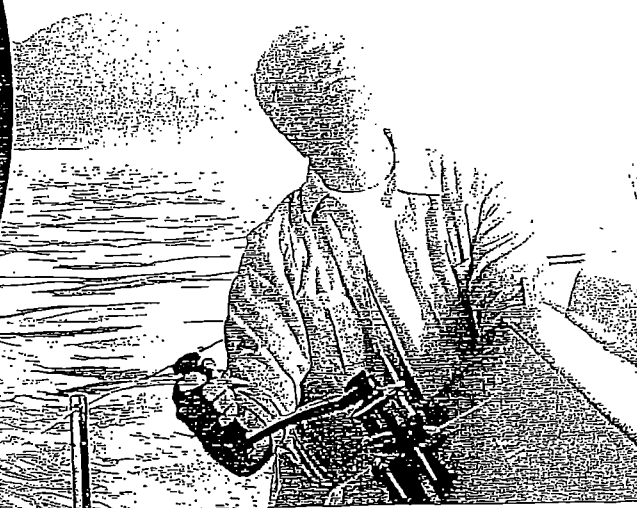
Through The HFM Zone program, Dr. Holden's attention will focus on wellness only. Issues addressed within the Zone program will include cardiac risk reduction, diabetes, weight loss, fatigue, motivation, nutrition and exercise, along with bio-identical hormone replacement therapy.

It is important for you to have a primary healthcare provider who will oversee your primary care and any acute health issues. Typical acute or primary health issues may include: sinusitis, bronchitis, asthma, low back pain, knee pain, flu symptoms, stomach virus. You should contact or schedule with your primary care provider for any "traditional" healthcare needs.

Tell us, who is your primary healthcare provider? _____

Billing Guide

Your clinician has selected True Health to perform your diagnostic laboratory testing. True Health is an innovative healthcare services organization dedicated to helping people live longer, healthier lives.



Will I receive a bill from True Health?

If any of the following apply to you, you may receive a bill from True Health:

- If your health insurer sent payment for our services directly to you, and this payment was not forwarded to our Billing Department. If your insurer sends payment to you, forward the check to True Health, as outlined on the backside of this guide.
- If you do not have health insurance or your healthcare provider did not send True Health your insurance information.
- If True Health has filed claims with your health insurance company and you have NOT met your contribution requirement for laboratory testing (ie. deductibles, copays, coinsurance, etc.), as required by your health insurer or state or federal law.

What are my options if I receive a bill?

Please follow the instructions on your True Health bill for payment. You can also call the True Health Billing Department to discuss the following options.

Payment Plan

Patients are able to pay their True Health bill over time for up to 12 months.

Prompt Pay Discount

Eligible patients may receive a percentage discount for prompt pay.*

Financial Hardship

Patients may be eligible for Financial Hardship if they meet the True Health financial hardship requirements.

* Patients may be eligible for prompt pay discount depending on their insurance plan, benefit plan and federal and state laws, rules and regulations. Federal and state plans are excluded from prompt pay discount.

Please call us to learn more about these options.
Call 1.877.443.5227 and press "1" for the Billing Department




If I receive an Explanation of Benefits from my insurance company, what should I do?


An Explanation of Benefits is not a bill, it is simply for you to understand details from your insurance company in regards to laboratory services provided on your behalf by True Health. You only need to pay True Health if you receive a bill directly from True Health.


This is an example of what your insurer's Explanation of Benefits MAY look like.

EXPLANATION OF BENEFITS
Benefits Summary - THIS IS NOT A BILL



John Doe
123 Smith Street
Atlanta, GA 54312





INSURANCE PROVIDER

123 Main Street | City, ST 12345 | 555-555-5555

Date: 1/1/1
Provider Number: 123456
Tax ID Number: 123456

Deductible	Co-pay	Coinsurance	Patient Responsibility
\$200.00	\$0.00	\$17.86	\$217.86


THIS IS NOT A BILL

What should I do if my insurance company sends me a check directly for my True Health testing?


- Sign the back of the check and write "Pay to the Order of True Health Diagnostics LLC." Then mail to the address below with a copy of your Explanation of Benefits.
- In the event you have already deposited or cashed the check, please follow one of the options below.

Ways to Pay Your Bill


Please make checks payable to "True Health Diagnostics LLC"



Pay by Phone
1.877.443.5227, option 1



Pay Online
truehealthdiag.com



Pay by Mail
True Health Diagnostics LLC
PO Box 205401
Dallas, TX 75320-5401

QUESTIONS? Call 1.877.443.5227 and press "1" for the Billing Department