



# THE MILLMAN CLINIC POLICIES

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Please take a few moments to familiarize yourself and agree to our policies.

## Rates and Fees

**Initial Evaluation with Dr. Millman** \$250 for approximately 80 minutes with Dr. Millman.

**Initial Evaluation for Dietary Counseling with Metabolic Assessment (MA)** \$100 for approximately 50 minutes with Beth Panero.

**Follow-up Visits for Dietary Counseling without Metabolic Assessment (MA)** \$50 for approximately 25 minutes with Beth Panero.

**Follow-up Visits with Dr. Millman** \$125 for approximately 40 minutes with Dr. Millman.

**Follow-up Visits for Dietary Counseling with Metabolic Assessment (MA)** \$100 for approximately 50 minutes with Beth Panero.

**Insurance** The Millman Clinic does not accept insurance and Dr. Millman has opted out of Medicare. If you have Medicare, you must sign and agree to the Medicare Private Contract. If you have PPO insurance and out-of-network coverage, you may qualify for reimbursement of your consult fees. The Millman Clinic will provide you with a receipt that includes documentation that you can transfer to an appropriate claim form for your insurance carrier. Supplements and some lab fees are not reimbursable.

**Laboratory Fees** All fees not covered by your insurance will be your responsibility. Some fees you will pay to the lab directly and others you will pay to Dr. Millman after the results are available. If you miss your appointment to go over the results, you are still responsible for the lab fees. A copy of your lab results can be mailed to you by request. We can not fax or email your results to you.

**Email Communications** Brief questions and clarifications are free. If it takes longer than 5 minutes to respond and/or these communications are frequent, we will suggest that you make an appointment to come into the office or have a phone consultation charged at \$45 per 15 minute call. Email questions are not a substitute for an office visit.

## Payment Options

Your consultation fees, supplements and lab charges are payable by credit card, cash, check, and HSA/FSA cards at the time of service.

I have read and agree to the above Initials: \_\_\_\_\_

## Preparing for Your Visit

**Initial Evaluation with Dr. Millman** Please bring your latest and pertinent lab results and imaging reports. Bring copies of these results and reports for us to include in your file. All records are strictly confidential. Bring your supplements and medications with you, and be thorough when filling out your medications and supplements list in your intake forms. Be sure to completely fill out your intake forms prior to being seen by the doctor. If your forms are incomplete, you will need to FULLY complete them in the waiting room. The time it takes will be considered part of your appointment time. If for some reason you need to fill out the forms in the office, allow 20-30 minutes before your appointment time to do so.

### Initial Evaluation for Dietary Counseling and Metabolic Assessment

*Do not exercise or have caffeine within 2 hours of your appointment.*

If you don't follow these instructions, your analysis may be slightly less accurate. If you cancel or reschedule your appointment because you did not follow these instructions, you will be charged a late cancellation fee.

**Follow-up Visit for Dietary Counseling without Metabolic Assessment** Bring your daily food logs, if applicable.

**Follow-up Visit with Dr. Millman** You may need to bring your supplements and medications a few times to your visits. Bring copies for us to keep of all new labs and imaging reports since your last visit with us. Bring any new supplements and medications.

### Follow-up Visit for Dietary Counseling with Metabolic Assessment

*Do not exercise or have caffeine within 2 hours of your appointment.* The same cancellation guidelines apply as Initial Evaluation for Dietary with BIA.

**Fragrance** Please do not wear perfume, cologne, scented lotions or creams to your appointment. We have many patients who are chemical and/or fragrance sensitive.

I have read and agree to the above Initials: \_\_\_\_\_

# THE MILLMAN CLINIC POLICIES

## Retail Sales and Product Shipping

Supplements may be ordered in the clinic or by phone or email. Supplements can be shipped or picked up. If the supplement is in stock and you choose for it to be shipped, you will be responsible for the shipping fee. If you are within California, this fee is nominal (\$4-\$10) unless it is a larger order (\$13-\$25). If you don't choose to have them shipped, supplements can be picked up at the clinic or in the cabinet in Cupertino. If you want to pickup your supplements in Cupertino, let Jessica know and she will give you instructions for the pickup.

If the item you need is out of stock, it will usually be available within 7-10 days. If you choose to have the supplements shipped to you, The Millman Clinic will pay for 50% of the cost of shipping. If you do not choose to ship them, we will call, text or email you when they are available for pick-up. Again you can pick up the supplements in the clinic or in the cabinet.

## Hours for Supplement Pick-up in the Clinic

Monday  
Tuesday: 9am - 7pm  
Wednesday 9am - 7pm  
Friday

## Return Policy

If for any reason you decide to return a product, we are glad to offer you a refund or credit, as long as the product is unopened, not expired, and was purchased within 60 days. No returns are allowed for supplements that are custom ordered (supplement we do not usually carry that you request) or is custom formulated for you.

## Copies, Reports and Forms

There is a charge of \$25 to \$100 for reports depending on their complexity. Dr. Millman does not do Workman's Compensation or Disability reports. There is a \$15 to \$50 charge to copy medical records depending on the number of pages. Give us at least 4 weeks to prepare a report and 2 weeks to copy charts. We will give you copies of your lab results at your appointments. We encourage you to keep these results together and organized so you have your own records and avoid these charges.

I have read and agree to the above Initials: \_\_\_\_\_

## No Show, Cancellation and Re-Schedule Policy

The Millman Clinic is committed to offering the highest level of service to as many people as possible. It is typical that Dr. Millman has a 2 -6 week waiting list for new patients, with a list of people who are waiting to be seen earlier. If you no show, cancel or re-schedule with less than 48 hours notice, we typically can not fill your appointment time despite high demand. This is why we need to charge you a cancellation fee under most conditions.

If you have a valid emergency, you will be exempt from this charge. These are some examples of a valid emergency: when you can not drive, when you are so sick it would be difficult for you to answer questions, if you are dizzy, weak, throwing up, have a sick child, have a death in the family, or you were recently in the ER or in the hospital.

We realize that despite your commitment to getting well and making your appointments, work and family responsibilities can cause a late re-schedule or cancellation request. A work conflict does not constitute a valid emergency. The Millman Clinic gives you one free pass for these reasons.

After this consideration (second request), a no show, cancellation or re-schedule with less than 48 hours notice will be charged the full visit fee.

## Lab Requests In Between Appointments

All lab requests must be done during an appointment. It is important for Dr. Millman to review your case to select the correct labs for you. This takes time integrating your current concerns with your previous lab results and history and Dr. Millman requires sufficient time to do so. Therefore, lab tests can not be ordered in between appointments.

## Returned Check Charge

The Millman Clinic will charge you \$25 for a returned check.

I have read and agree Initials: \_\_\_\_\_

# THE MILLMAN CLINIC POLICIES

## Credit Card Authorization

This authorizes The Millman Clinic to keep my credit card on file to be used for the following purposes. I understand that The Millman Clinic will keep this number confidential. For my convenience, The Millman Clinic will use this card on file to pay for 1) late cancellation fees on the date of the missed appointment, 2) un-paid lab fees 3) un-paid supplements and visit charges, and 4) telephone consultations. We will provide a receipt for these products/ services at your next appointment or upon request.

I do not need to re-authorize for each order. I will give The Millman Clinic a verbal or written update when this credit card expires or is updated.

Name (print clearly) \_\_\_\_\_ Home Phone \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release of Medical Information for Insurance Purposes

I authorize The Millman Clinic to release any information required in the course of my examination or treatment necessary to satisfy medical insurance claims.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Nutrition Response Testing Authorization

I specifically authorize Dr. Millman to perform a Nutrition Response Testing health analysis and to develop a natural, complementary health improvement program for me which may include dietary and lifestyle guidelines, nutritional supplements, etc. in order to assist me in improving my health, and not for the diagnosis, treatment, or "cure" of any disease. I understand that Nutrition Response Testing is a means by which the body's natural reflexes can be used as an aid to determining possible nutritional imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Informed Consent

I, the undersigned, have voluntarily requested that Dr. Kim Millman assist me in the management of my health concerns. I have understood and agree to all policies and terms provided herein. I understand that Dr. Kim Millman is an internist, functional medicine doctor, researcher, herbalist and applied kinesiologist, In my health care, she serves as a consultant using integrative functional medicine as well as natural biologic methods to identify the root cause of my conditions. Dr .Millman is not my primary care doctor. Her root cause analysis and care does not serve as a substitute for standard medical care. I understand that her clinic hours are restricted to two days a week. If I have clinical concerns outside these hours, I will seek appropriate outside medical care. If I have clinical concerns related to her recommendations outside these hours, I will contact her by email and will expect a response in 24 to 48 hours.

Signature \_\_\_\_\_ Date \_\_\_\_\_