

Medical Insurance, Medical Care and Dr. Houston's Philosophy

Hello and welcome to the Hypertension Institute. I specialize in hypertension, lipid disorders, coronary heart disease and other cardiovascular problems. My primary goal as your physician is to provide you with the best medical care possible and establish a true long-term doctor-patient relationship. I use a combination of drugs, nutrition, nutritional supplements, lifestyle changes, along with the latest diagnostic testing to treat these medical problems.

Unfortunately, private insurance companies and Medicare will often dictate what tests can be ordered or what they will pay for. Neither you, nor I or anyone in my office can predict accurately what the insurance companies will pay or what they will expect you to pay. Reimbursement to all physicians is at an all-time low and your deductibles are increasing each year. Insurance payments for your medical charges are decreasing each year for tests and visits, which means you will have more out of pocket expenses for ALL your medical care.

I order tests that are needed for your optimal care, as I do not want miss any problems or diseases that you may have. Please understand that I cannot provide the highest standard of care if you do not follow my testing or treatment requests.

Complaints to my office staff regarding your insurance, how much it will reimburse and how much you may have to pay will not change the outcome. We have no control over these issues. Please address these matters with your insurance company

If you choose not to get the diagnostic tests that I order for you, then I cannot assure you that your medical problems will be identified and appropriate treatment provided. If you make this decision, then you will need to sign this waiver that you have opted out of some tests, and it is entirely your decision. I am not responsible for your actions or the consequences of ignoring my medical advice.

Please read this carefully and understand its importance to your medical care. Bring this with you to your New Patient appointment. If you opt not to obtain the tests and treatments I order, you will need to sign below and received a copy for your records.

Signature _____

Date _____