

Clinical Visit Charges and Payment Policies

The Bateman Horne Center of Excellence (BHC) provides exceptional care for individuals with ME/CFS, Long COVID, and related conditions. These complex illnesses require thorough evaluations, individualized treatment plans, and coordinated efforts with your other providers.

BHC is a prepaid, cash-only clinic. This document explains the financial commitment required to become established as a patient and once established, the requirements for each visit for managing your individual treatment plan.

BHC providers dedicate significant time and effort to deliver comprehensive, patient-centered care which includes:

- Evaluating your symptoms, comorbidities, and potential long-term challenges.
- Screening for additional health issues that may affect your prognosis.
- Reviewing prior relevant medical records.
- Coordinating with other providers, pharmacies, labs, and insurance companies.
- Responding to patient portal messages and phone calls between visits.

Clinical Visits – Establishing Treatment (for new first-time patients)

Establishing Treatment for **new patients** includes an average of three comprehensive provider visits, which will assess relevant information and medical history, testing, and result in the development of a personalized treatment plan. The multi-visit package is a required pre-paid commitment to become a patient and is scheduled and completed over the initial month.

Description	Complexity	*Utah-Based Patients	*Outside of Utah-Based Patients
Multiple Visits to Establish Treatment	Multiple Hours of Prep and Clinic time.	\$ 3,500	\$ 3,850

* **Utah-Based Patients** receive care (in person or virtual) within the borders of the state of Utah. **Outside of Utah-Based Patients** are assessed an additional 10% to defer out-of-state licensing and other administrative costs.

Clinical Visits – Managing the Treatment Plan (for established patients)

Due to the evolving nature and complexity of ME/CFS, visit charges are based on complexity rather than time with a provider. This also includes provider and staff activities between your visits, as described above. General descriptions for each level of visit include:

- **Simple (\$150)** – In this visit your illness is reviewed, but there are no changes in health status, medications, or additional testing. Your provider determines that little or no changes have occurred since your last visit, and none are anticipated before your next visit. This level of visit is usually for medication refills with no other concerns.
- **Mild to Moderate Complexity (\$300)** – This is BHC’s routine scheduled visit and includes a thorough review of your illness accounts for mild to moderate changes in your condition. These changes require discussion and planning. Medications and testing adjustments may or may not be necessary, but strategizing is required to better manage your illness. Minimal between-visit activities and patient portal follow-ups are anticipated.
- **Highly Complex (\$450)** – This visit level accompanies a significant change in your condition. A more extensive review of the illness is required, and treatment plan modifications are more substantial. This may include medication changes, IV hydration, and/or testing or referrals. Patient portal communications will likely have increased prior to the visit and are expected to continue after the visit.

Description	Complexity	*Utah-Based Patients	*Outside of Utah-Based Patients
Managing treatment visits based on complexity	Simple	\$150	\$165
	Mild - Moderately Complex (Routine)	\$300	\$330
	Highly Complex	\$450	\$495
Advanced clinical need requires provider expertise outside of a scheduled visit.	Acute Visit	\$150	\$165
Additional services, e.g., RN education, disability forms, procedures, and in-office medications.	Estimate(s) provided upon service request and based on the level of complexity.	TBD	TBD

Scheduling

For scheduling purposes, all visits will be booked as a routine or standard visit (\$300). *Patients cannot request a simple visit*, as this is up to the discretion of your provider to ensure you are receiving the most appropriate care for your patient-specific condition(s). At the end of the appointment, your provider will determine the visit's complexity:

- If the visit was simple, a refund will be issued at the end of the visit to reflect the lower visit charge.
- If the visit was highly complex as determined by the provider, you will have an additional charge to be settled at checkout.
- Patients who wish to maintain Established Patient status, must have at least one visit per year.
- Existing BHC patients who are not seen for over two years may be required to re-establish patient status as a new patient and if provider capacity is available.

Payment Guidelines

Patients will be notified by BHC staff when the payment is due a few weeks in advance of their visit. Payments are accepted from major credit cards, debit cards, HSA/FSA card, or electronic funds transfer (EFT). If payment is not received within 10 business days of your visit, your appointment may need to be rescheduled.

Insurance Reimbursement

Insurance reimbursement for cash-pay services depends on your insurance plan. The services you pay for at BHC are considered *out-of-network* by your insurance. If your insurance plan covers out-of-network services, then you may be able to get some reimbursement for services at BHC. It is important that you contact your insurance plan to see if your plan allows for out-of-network reimbursement.

BHC has opted out of all insurance contracts, including Medicare and Medicaid, which do not allow for patient submissions for reimbursement for an opted-out provider.

If you establish that your insurance plan covers out-of-network services, then BHC will provide you with a *superbill* after your visit. A ***superbill*** is a detailed receipt that BHC can generate upon request, containing the necessary information for insurance reimbursement. You then submit the superbill to your insurance, and they will provide the reimbursement directly to you. The reimbursement amount will vary and may not be the entire amount of your visit. For further questions, please contact our billing department.

Clinical Messages and Patient Portal Support

In addition to in-person and telehealth visits, our staff and providers spend considerable time responding to clinical messages through the Athena patient portal and phone calls. While some messages can be addressed quickly, others involve complex decision-making, placing orders, or prescribing medications.

For advanced clinical inquiries that require significant time and expertise outside of a scheduled visit, your provider may request a phone call or an acute visit. The additional charge for this will be as scheduled above and may be adjusted at the provider's discretion based on the level of complexity and support required.

Why These Changes?

For additional information about BHC's financial model, please reference our **Frequently Asked Questions (FAQs)** document.