

## **FREQUENTLY ASKED QUESTIONS (FAQs)**

1. **What services are provided as a part of my annual fee?** Please see the enclosed “Highlights & Details” page for a complete list of offerings and amenities.
2. **What is the mission of your practice?** Our goal is to provide the highest quality medical care and service, emphasizing a proactive, comprehensive approach to both disease prevention and wellness. We will aggressively attempt to prevent medical illnesses before they occur. These services will be provided in a relaxed, professional setting with the focus on optimizing your health. We want you to be completely satisfied with every aspect of your care.
3. **How is your practice different?** Personalized medical care is about you! We limit the size of our practice so we can devote more time to each patient’s care and individual needs. This practice model allows me to schedule 30 minutes for routine appointments and 60-90 minutes for the annual exam. This means that appointments will start promptly and we can spend more time with you. If a problem requires extra time for evaluation, we will reasonably accommodate you to the best of my ability. Our communication will be enhanced through cell phone and email.
4. **Are you on staff at Rutland Regional Medical Center?** Yes. We will visit our patients who are hospitalized at RRMC and will work with the hospital specialists in coordinating your care, ensuring communication and assisting with difficult decisions.
5. **Who will cover for you when you are not available?** Our goal is to be available to our patients 24 hours a day, 7 days a week. There will be infrequent occasions when one of us is out of town or otherwise unavailable. In these situations, (Dr. Bruce Bullock or Dr. Coombs) will serve as covering physician.
6. **Do I still need health insurance if I enroll with you?** Yes. Our medical practice will not take the place of general health insurance coverage. Our practice is a primary care medical practice, not a health insurance program. You are advised to continue your preferred provider organization (PPO), Medicare or other insurance program as well as participation in your flexible spending account (FSA) or health savings account (HSA) plan.
7. **Will you continue to be a ‘Provider’ on my insurance plan?** Yes. We intend to remain an “in-network” provider for most major insurance plans and will bill your insurance directly for office visits. (Office visit charges are not included in your annual fee.) Our contracts with insurers require me to continue to charge for office visits and copayments. If your insurance plan requires a co-pay I will collect it at the time of service. If I am not an in-network provider for your insurance plan, I will attempt to refer you to “in-network” physicians for any necessary consultations and to “in-network” facilities for diagnostic tests and hospitalizations as medically indicated. Those services will then be covered according to in-network fees.
8. **Will you still be a Participating Provider for Medicare?** Yes. we will to file your claim with Medicare, as well as with your supplemental insurer on your behalf, as required by law. For those patients who have a Medicare Advantage plan, an office visit fee will be charged and payment will be the responsibility of the patient.

- 9. Do you bill Medicare for my annual fee?** No. The annual membership fee only includes services that are not covered by Medicare and will not be paid for or reimbursed by Medicare. We will continue to submit claims to Medicare and to your supplemental insurance on your behalf for Medicare-covered services. As of January 2011, Medicare now includes portions of your annual comprehensive wellness examination as a covered service. Once your annual exam has been completed and I have billed Medicare and received payment for that service, patients will be reimbursed the amount paid to our office by Medicare for those portions of the annual exam which they cover.
- 10. What are my annual fee payment options?** Your annual fee may be paid in full by check to (*Seth Coombs, MD, PC or Bruce Bullock, MD, PC*) or may be paid annually or semi-annually by credit card only. If you opt for a semi-annual payment option, the second half of your fee will automatically be charged to the credit card you indicate on your Patient Agreement Form.
- 11. Will private insurance reimburse my annual fee?** It is unlikely that this fee is fully reimbursable. It may be possible to utilize funds from a flexible spending account (FSA) or health savings account (HSA) toward the annual fee. You are advised to consult your human resources representative, your FSA or HSA plan manager, or your tax advisor.
- 12. Is the annual fee tax deductible?** The fee is a medical expense and may be deductible. You are advised to consult with your tax consultant to clarify qualification in your particular circumstance.
- 13. What about lab, x-ray, specialists' fees and hospitalization?** Your annual fee pays for membership in the practice, and for many other benefits listed on the "Highlights & Details" page. All other procedures and services not performed in our office will be billed by the performing entity.
- 14. Does the annual Comprehensive Wellness Evaluation include a well-woman exam?** Yes. Should you choose, you are welcome to see Suzanne Jones, PA-C who is experienced in providing routine and preventative gynecologic care.
- 15. Can I see Suzann Jones, PA-C?** Yes. You may choose to see Suzanne Jones, PA-C as your primary care provider with oversight and consultation provided by Dr. Coombs. Ms. Jones is also available to all female clients for gynecology care on an as needed basis, and to all clients for acute care.
- 16. What if I have an emergency?** Please know that you can contact me anytime you feel the need to consult with me; however, *if you have a life-threatening emergency, call 911 immediately*. You can then call me or have the hospital personnel contact me so that I can assist in your care. If you have a non-urgent problem, I suggest you contact me first.
- 17. What do I do if I become ill while traveling or away on an extended vacation?** If the problem is minor, call me first. *However, call 911 if you have a life threatening emergency. Then call me*. With the exception of a few controlled substances, most prescriptions can be ordered anywhere in the country. If you seek care at an emergency room or urgent care center out of our area, we request that you have the doctor seeing you call me for coordination. We will be readily available for phone consultation with you and/or other health care personnel. If you should require hospitalization while away, at your request I will attempt to establish daily phone communication with you and your attending physician(s) to ensure continuity of care.
- 18. What if I need to see a specialist or a surgeon?** We are available to help you decide which specialist to see and to coordinate such consultations. In this way the most appropriate resource is used, the earliest arrangements are made, and your applicable medical information is sent in advance of your specialist visit.
- 19. Will I be required to pay my annual fee even if I do not use your services?** Yes. Paying your annual fee allows you to be a member of our practice whether you are sick or well. We strongly encourage you to utilize the benefits offered, regardless of your state of health, to proactively safeguard your health.

**20. What happens if I move out of the area after I enroll?** If you move and wish to secure a new primary care physician, the annual fee will be refunded on a pro-rated basis. If the annual comprehensive wellness evaluation has been done, or if you required services outside the office (hospital, rehab facility, or extensive home visits) there will be no refund. A copy of your records will be sent to your new physician upon receipt of a signed release. This release of records form is required by law.

**21. Can I enroll in your personalized medical practice at a later date?** By design, my practice is a membership practice with a limited enrollment. Once that enrollment limit is reached, a waiting list will be established. Every effort will be made to accommodate interested patients, but the enrollment limit must be honored in order to continue to provide the highest standard of personalized care and service to all patients.

**22. What are Dr. Coombs' credentials?**

- Private Practice, Rutland, Vermont, 1999-Present
- Medical Staff, Rutland Regional Medical Center
- Medical Director and volunteer clinician, Rutland Free Clinic
- Rutland Region Physicians Group, Rutland Family Health Center, 1996-1999
- Board Certified, American Board of Internal Medicine
- Resident, Primary Care Internal Medicine, George Washington University Medical Center, Washington, DC
- Medical School, University of Wisconsin
- BS Psychology, University of Wisconsin
- Agriculture Extension Agent, US Peace Corps and the Department of Agriculture, Republic of Zaire

**23. What are Dr. Bullocks' credentials?**

- Private Practice, Rutland, Vermont, 1999-Present
- Member Medical Staff, Rutland Regional Medical Center
- Family Practice Staff, University of Vermont, Burlington, VT
- Rutland Region Physicians Group, 1994-1999
- Family Health Center, Rutland, 1992-1994
- Staff Physician, Rank of Major, United States Air Force, 1983-1992
- Resident, Family Practice; Teaching Resident of the Year Award, Latrobe Area Hospital, Latrobe, PA
- Medical School, Temple University, Philadelphia, PA