

RISING PHOENIX INTEGRATIVE MEDICINE CENTER

815 HYDE ST., SUITE 317

SF, CA 94109

Tel: (415) 795-1202

DOOR COMBINATION (#5981)

The door to the building is locked at all times. To enter the building, punch in- #5981 –on the keypad to the right of the door.

PARKING INFORMATION

There is ample parking near the office. Below is a listing of options:

Parking garages (listed nearest to farthest):

- St. Francis Memorial Hospital Garage on Hyde (midblock between Bush and Sutter on the East side of Hyde) – Small garage almost directly across the street from the health center. Cost \$4.00 per hour (charged at \$2.00 per ½ hour). Closes at 7 pm-recommend car pickup by 6:30 pm.
- St. Francis Memorial Hospital Garage on Bush (Northwest corner of intersection of Bush and Hyde) – Large garage only ½ block uphill from the health center. Cost \$4.00 per hour (charged at \$2.00 per ½ hour). Closes at 7 pm-recommend car pickup by 6:30 pm.
- St. Francis Memorial Hospital Garage on Pine (midblock between Hyde and Leavenworth on the North side of Pine) – Large garage that is open late, good for evening appointments. Cost \$4.00 per hour (charged at \$2.00 per ½ hour).
- Public Parking Garage on Polk (Southeast corner of the intersection of Polk and Bush) – Large, lower priced garage 2 ½ blocks from the health center. Cost \$2.00 per hour. Open late, good for evening appointments.

Metered Street Parking:

There is rapid turnover of metered street parking in the area. Meters cost \$2.00 per hour and have a 2 hour maximum. Meters accept coins, SFMTA parking meter cards, and mobile pay-by-phone options (may have additional charges). Meters do not take credit cards. Free parking after 6 pm.

Free Street Parking:

There is some free street parking on Sutter and a few other nearby streets. Check signage. CAUTION: Sutter is a tow-away zone from 4-6 pm.

Drop-off/Pick-up:

There is a white zone directly in front of our building for passenger drop-off and pick-up only.

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DRIVING DIRECTIONS

From Marin:

Continue on Hwy 101 South after crossing the Golden Gate. Take the Lombard St. Exit and continue West on Lombard St. Turn right on Gough St. and continue on Gough St. to Bush St. Turn left on Bush St. and go five blocks to Hyde St. Turn right on Hyde St. and the clinic is on this block on the right (West) side of Hyde St. (slightly past midblock and just past the Nob Hill Hotel).

From the East Bay:

Continue on Hwy 80 East after crossing the Bay Bridge. Take the Civic Center/Ninth Street Exit and continue straight after the exit to Ninth St. Take a right on Ninth St. to Market St. - stay in the rightmost two lanes. At Market St., Ninth St. splits into Hayes St. (left fork) and Larkin St. (right fork). Take the right fork onto Larkin St. and continue on Larkin St. to Bush St. Turn right on Bush St. and go one block to Hyde St. Turn right on Hyde St. and the clinic is on this block on the right (West) side of Hyde St. (slightly past midblock and just past the Nob Hill Hotel).

From the South Bay (via Hwy 101):

Take Hwy 101 North and continue to the left on Hwy 101 North when it splits with Hwy 80 West. Take the Civic Center/Ninth St. Exit (the first exit after the split with Hwy 80 West) to Ninth St. Turn left on Ninth St. to Market St. - stay in the rightmost two lanes. At Market St., Ninth St. splits into Hayes St. (left fork) and Larkin St. (right fork). Take the right fork onto Larkin St. and continue on Larkin St. to Bush St. Turn right on Bush St. and go one block to Hyde St. Turn right on Hyde St. and the clinic is on this block on the right (West) side of Hyde St. (slightly past midblock and just past the Nob Hill Hotel).

MUNI/BUS DIRECTIONS

MUNI Lines 2 and 3 – Westbound stop at Sutter and Hyde, Eastbound stop at Post and Hyde

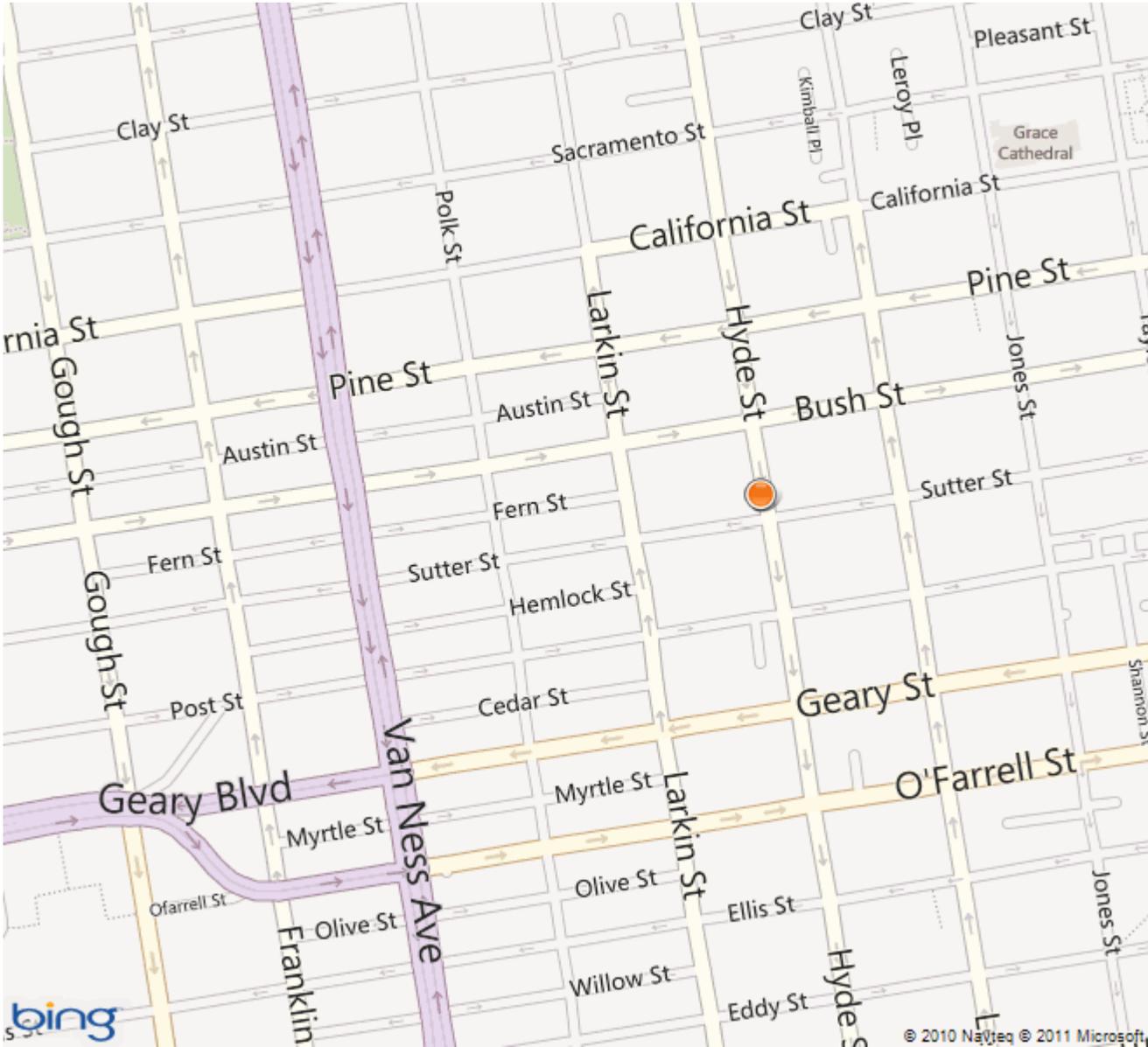
MUNI Line 19 – Northbound stops at Larkin and Sutter, Southbound stops at Polk and Sutter

BART DIRECTIONS

Take BART to the Civic Center Station. Exit at UN Plaza and proceed north on Hyde St. 9 ½ blocks to clinic (located between Sutter and Bush Sts., on the west side of the block (left side when walking from Civic Center BART) or connect at Larkin St. with MUNI Line 19 Northbound .

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815 HYDE ST., SUITE 317
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Michael F. Cantwell MD, MPH
Rising Phoenix Integrative Medicine Center
Patient Information

1. NAME OF PATIENT: _____

a. NAME OF SPOUSE/SIGNIFICANT OTHER: _____

b. IF MINOR/CHILD:

1. NAME OF MOTHER: _____

2. NAME OF FATHER: _____

3. NAMES/AGES OF SIBLINGS: _____

c. NAMES OF OTHER SIGNIFICANT FAMILY MEMBERS: _____

2. DATE OF BIRTH: ____/____/____

3. ADDRESS:

a. STREET: _____

b. CITY/STATE/ZIP: _____

4. TELEPHONE NUMBERS (IN ORDER OF PREFERENCE TO BE CALLED):

a. () - [___ Cell ___ Home ___ Work ___ Other: _____]

b. () - [___ Cell ___ Home ___ Work ___ Other: _____]

c. () - [___ Cell ___ Home ___ Work ___ Other: _____]

5. EMAIL: _____ @ _____

6. ALLERGIES:

a. TO MEDICATIONS: _____

b. OTHER: _____

7. CURRENT MEDICATIONS:

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

h. _____

Michael F. Cantwell MD, MPH

Rising Phoenix Integrative Medicine Center

Informed Consent – Practice/Holistic Philosophy

1. **Practice Philosophy:** As a holistic physician, Dr. Cantwell views health and disease as being influenced by any and all aspects of an individual—the physical, mental/emotional, and/or spiritual. There are many factors involved in the origins of disease, including genetic vulnerability, nutrition, allergic or immunological reactions, physical or environmental toxins, psycho-emotional stress, trauma, or conditioned psychological patterns, and spiritual stress and disharmony. Whenever possible, Dr. Cantwell seeks to treat disease at its most fundamental, root level, whether it lies in one's body, mind, or spirit.

Although Dr. Cantwell takes an evidence-based approach to treatment, using therapies that are supported by animal models, extensive observation and anecdotal data, case series data, and wherever possible, controlled clinical trials, many of the therapies recommended are considered alternative, investigational, and/or experimental by the allopathic/conventional medicine community. In general, Dr. Cantwell seeks to employ treatments that, based on the existing literature, are significantly more likely to have positive, beneficial effects on health than to have adverse effects. However, as with medications and many other conventional medicine treatments, there is always risk, albeit small, of an adverse effect.

2. **Holistic Medicine in California:** In California, in compliance with Business & Professions Code 2234.1 (a) (1), such alternative and/or complementary services may only be provided after:

- 1) informed consent,
- 2) a good-faith prior examination of the patient, and
- 3) medical indication exists for the treatment or advice, or it is provided for general health or well-being.

Business & Professions Code 2234.1 (a) (3) and (4) states that the alternative and/or complementary treatments not cause a delay in, or discourage traditional diagnosis of, a condition of the patient, nor cause death or serious bodily injury to the patient. By signing this form, I acknowledge I have been apprised of Business & Professions Code 2234.1.

3. **Informed Consent:** I recognize that I will be able to ask questions and clarify any concerns with Dr. Cantwell prior to beginning any recommended treatment. I recognize that I am a partner in treatment decisions and will be informed of the risks and benefits of recommended treatments by Dr. Cantwell. After being duly informed by Dr. Cantwell of my condition and the risks and benefits of conventional allopathic and alternative and/or complementary treatments, I will then decide whether to proceed with alternative and/or complementary treatments. It is also my choice whether or not to combine any alternative and/or complementary treatments I choose to undergo with conventional/allopathic treatment. My physician will respect my ability to make my own decisions and will not discourage me from seeking conventional/allopathic treatment.

Michael F. Cantwell MD, MPH

Rising Phoenix Integrative Medicine Center

Informed Consent – Practice/Holistic Philosophy (Page 2)

4. **Confidentiality Policy:** We will only share your health information with others after we have received your written consent to do so or in the event that you have submitted a claim to your health insurance company and that company requests that we share health information relevant to that claim. You can request a copy of your medical records from the clinic at any time for your personal use.

I understand the approach to health and wellness offered by Dr. Cantwell at Rising Phoenix Integrative Medicine Center. I acknowledge I have been apprised of California State Business & Professions Code 2234.1. I understand that some of the treatments recommended may be considered alternative or experimental by those in conventional/allopathic medicine. With that knowledge, I choose to participate in this holistic/integrative approach to medicine and the treatments recommended.

I have been given my own copy of this signed form.

Patient Signature: _____ Date: _____

Printed Name: _____

Michael F. Cantwell MD, MPH
Rising Phoenix Integrative Medicine Center
Cancellation and Billing Policies

1. **Cancellation Policy:** You must call Dr. Cantwell's administrative coordinator at (415) 795-1202 to make any cancellations. Cancellations made four or less days before a scheduled appointment are considered "late cancellations." Patients are allowed two "late cancellations" per year billed at 50% of the fee of the scheduled visit. Any further "late cancellations" in a calendar year will be billed at the full fee of the scheduled visit. We require that all patients have a current credit card on file to use for billing "late cancellation" fees.

2. **Billing Policy:**

a. **Current Rates:** The base billing rate for Dr. Cantwell's services, as of 8/1/15, is \$365/hour (New Patient appointment: 90 minutes = \$550 (\$365/hour x 1.5 hours), Established Patient appointments: 60 minutes=\$365, 45 minutes=\$275, 30 minutes=\$185, 15 minutes=\$90). In-office and telephone visits are billed at the same rate. Dr. Cantwell reserves the right to increase these rates in the future. Administrative time, such as letters, correspondence with insurance companies or other practitioners, frequent or long email responses or telephone calls, may be billed at the base hourly rate.

b. **Payment:** Payment is expected at time of service. We accept cash, check, Visa, and MasterCard. We require that all patients have a current credit card on file. Patients who do not remain current with payment of their billed fees may be refused service and payment will be attempted through the credit card on file and/or through bill collection services.

c. **Insurance: WE DO NOT BILL OR CONTRACT WITH ANY INSURANCE COMPANIES.** At the end of your visit, you will be given a superbill with ICD10 diagnosis codes and CPT procedure codes that you can submit to your health insurance company to attempt to obtain reimbursement for services rendered at out-of-plan rates. (EXCEPTION: MEDICARE PATIENTS will be given a receipt but not a superbill to prevent submission of any claims to Medicare, Medigap. or other Medicare supplemental insurance plans-see separate consent form for Medicare patients). Depending on the physician or staff time involved, we reserve the right to bill for reports, letters or other documentation to support claims for reimbursement sent to your health insurance company.

I have read, understand, and will abide by the above policies regarding cancellations and billing at Dr. Cantwell's practice at Rising Phoenix Integrative Medicine Center. The below credit card is current and valid and, I understand, will be used for "late cancellation" fees or unpaid fee balances as described above, unless other forms of payment have been arranged with Dr. Cantwell.

I have been given my own copy of this signed form.

Credit card: Visa Mastercard Card # _____

Exp: ____/____ Card Security code (3 digits from back) _____

Patient Signature: _____ Date: _____

Printed Name: _____

Michael F. Cantwell MD, MPH
Rising Phoenix Integrative Medicine Center
Primary Care/Hospitalization/On-Call Policy

1. **Not a Primary Care Practice:** The medical practice of Michael F. Cantwell MD, MPH at Rising Phoenix Integrative Medicine Center in San Francisco is not a primary care office. I do not provide primary care services or urgent care service. I require my patients to have a primary care physician (PCP) and provide my office with PCP's contact information.

2. **Hospitalization/Urgent or Acute Care:** I have only consulting medical staff privileges at California Pacific Medical Center and am unable to be the admitting or attending physician for any hospitalized patients. I do not provide urgent, acute, or immediate care at my office.

3. **No On-call Physician:** I do not have practitioners on call for emergencies. If any of my patients are experiencing an emergency medical situation, they are advised to contact 911.

_____ **Contact information for your Primary Care Provider (PCP):**

Name: _____ Phone #: _____

_____ **I do not have a Primary Care Physician and I am aware that Michael F. Cantwell MD, MPH will not be responsible for my primary care.**

Would you like us to contact your primary care provider for a copy of your records?

Yes _____ No _____ (If "Yes" please fill out a Records Release form.)

Would you like us to contact your primary care provider to inform him/her of your care and treatments with Michael F. Cantwell MD, MPH?

Yes _____ No _____

If yes, I give my consent for Michael F. Cantwell MD, MPH and staff to provide information about my medical situation and treatments to my Primary Care provider.

Patient Signature: _____ Date: _____

Printed Name: _____

Michael F. Cantwell MD, MPH
Rising Phoenix Integrative Medicine Center
Medicare Patient Policy

At present, Dr. Cantwell is registered as a Medicare provider through his practice at California Pacific Medical Center, an insurance-based practice. One of Dr. Cantwell's main reasons for starting his new practice at Rising Phoenix Integrative Medicine Center was to free himself and his patients from the constraints regarding scope of practice, visit time limits, and electronic health records imposed by both private and Medicare health insurance plans.

Dr. Cantwell's practice at Rising Phoenix Integrative Medicine Center does not bill or contract with any health insurance plans, neither private nor Medicare, Medi-gap or other Medicare supplemental insurance plans. If you are covered by Medicare or a Medi-gap or other Medicare supplemental insurance plan, after your visit you will receive a receipt for payment, not a superbill with CPT procedure and ICD9 diagnostic codes. This is to avoid any potential for submission of superbills to Medicare or Medi-gap or other Medicare supplemental insurance plans for services rendered by Dr. Cantwell at Rising Phoenix Integrative Medicine Center.

Explanation:

In the case of a patient covered by private PPO insurance, ie. NOT associated with Medicare or a Medi-gap or Medicare supplemental insurance, the patient pays Dr. Cantwell's fees at the time of the visit and then submits the superbill to their insurance. The insurance reimbursement is paid directly to the patient and offsets their initial payment to Dr. Cantwell. This does not limit Dr. Cantwell's fees or visit times.

In the case of a patient covered by Medicare or a Medi-gap or Medicare supplemental insurance, Medicare limits the AMOUNT a physician can charge for a specific service and also the maximum TIME allowed per visit (for example maximum time allowed for a visit would be 45 minutes). If a superbill is submitted to Medicare for services rendered by Dr. Cantwell at Rising Phoenix Integrative Medicine Center, this would limit both his fee and the time he could take with patients. This is true regardless of whether the patient has straight Medicare insurance or a Medi-gap or Medicare supplemental insurance (Since all Medi-gap and Medicare supplemental insurance policies first submit their bills to Medicare, this still subjects Dr. Cantwell to the same limits on fees and visit times imposed by Medicare).

In addition, Medicare has increasingly been levying significant fees (up to \$20,000) to physicians, such as Dr. Cantwell, who treat Medicare patients but who do not submit superbills directly to Medicare or subject their fees or visit durations to strict Medicare limits.

At present, Dr. Cantwell is seeing patients covered by Medicare and Medi-gap or Medicare supplemental insurance policies at Rising Phoenix Integrative Medicine Center. This is subject to change in the future if patients covered by Medicare submit superbills to Medicare, limiting Dr. Cantwell's fees and visit times and exposing him to potential fees or other administrative action by Medicare.

Michael F. Cantwell MD, MPH
Rising Phoenix Integrative Medicine Center
Medicare Patient Policy (Page 2)

I have read the above and understand that, as a patient covered by Medicare or a Medi-gap or other Medicare supplemental insurance plan, I will receive a RECEIPT for payment, NOT A SUPERBILL (with CPT procedure and ICD9 diagnostic codes) for services rendered by Dr. Cantwell at Rising Phoenix Integrative Medicine Center. I agree not to submit this receipt to or in any other way attempt to seek reimbursement from Medicare or any Medi-gap or Medicare supplemental insurance for services rendered by Dr. Cantwell at Rising Phoenix Integrative Medicine Center.

If, in any manner, I or my agents submit a claim or superbill to Medicare or a Medi-gap or other Medicare supplemental insurance plan for services rendered by Dr. Cantwell at Rising Phoenix Integrative Medicine Center, I agree to assume full responsibility for complete and immediate reimbursement to Dr. Cantwell for: 1) Dr. Cantwell's original charged fees, 2) any fees or penalties imposed on him by Medicare related to submission of that claim or superbill, and 3) any administrative time needed by Dr. Cantwell to deal with submission of that claim or superbill (billed at Dr. Cantwell's current hourly rate).

I also understand that submission of a claim or superbill to Medicare or a Medi-gap or other Medicare supplemental insurance plan constitutes sufficient grounds for dismissal from Dr. Cantwell's practice.

I have been given my own copy of this signed form.

Patient Signature: _____ Date: _____

Printed Name: _____

Rising Phoenix Integrative Medicine Center

**Patient Consent for Use and Disclosure
of Protected Health Information**

I hereby give my consent for all independent clinicians and health care providers practicing at Rising Phoenix Integrative Medicine Center to use and disclose protected health information (PHI) about me to support my health and well-being. Use and disclosure of PHI about me will be used among independent clinicians and health care providers practicing at Rising Phoenix Integrative Medicine Center to benefit my care.

Signature of Patient or Legal Guardian

Print Patient's Name

Date

Print Name of Patient or Legal Guardian, if applicable