



Payment, Insurance and Third-Party Coverage

09/23/2026

Orville R. Weyrich, Jr., PhD, NMD, BCN, ABAHP

Patient Name: _____ DOB: ____/____/____

This document explains how private insurance, government health programs, military health programs, managed-care plans, and other restricted networks may affect payment, laboratory testing, imaging, prescribing, referrals, monitoring, and coordination of care involving Dr. Weyrich.

No Third-Party Payer Transactions by the Practice

I understand that Dr. Weyrich operates a direct-pay practice. The practice does not submit claims, encounter information, eligibility or benefit inquiries, claim-status inquiries, prior-authorization or referral-certification requests, coordination-of-benefits transactions, or other standardized electronic transactions to a health plan, specialty benefit administrator, utilization-management organization, or other payer intermediary.

The practice does not authorize a billing company, clearinghouse, software vendor, laboratory, pharmacy, or other person to perform such payer transactions on its behalf.

The practice does not undertake health-plan prior authorizations, appeals, network exceptions, or utilization review. When payer authorization or participation is required, the patient must work with an appropriately enrolled clinician who independently evaluates the recommendation and assumes responsibility for any payer submission. With appropriate authorization, Dr. Weyrich may provide relevant clinical information to that clinician.

The patient affirms they do not authorize or expect Dr. Weyrich to communicate with a health plan for purposes of obtaining payment, determining benefits, obtaining prior authorization, appealing a denial, securing a network exception, participating in utilization review, or establishing medical necessity for payer purposes.

Dr. Weyrich may communicate with another treating clinician, laboratory, pharmacy, facility, or other healthcare participant when clinically appropriate and properly authorized by the patient. Such clinical communication does not constitute an agreement to interact with the patient's health plan or undertake payer-administration responsibilities.

At the patient's request, the practice may provide a receipt, invoice, treatment summary, or superbill for the patient's independent use. The practice does not submit it to a payer, accept assignment, communicate with the payer about reimbursement, or authorize another person to submit a payer transaction on its behalf. Dr. Weyrich makes no guarantee of reimbursement.

The patient will not list Dr. Weyrich as a billing provider, participating provider, prior-authorization contact, utilization-review contact, or recipient of insurance payment. The patient will not instruct a health plan, billing service, clearinghouse, or other person to submit a claim or other standardized electronic transaction on behalf of Dr. Weyrich or the practice.

If a payer contacts the practice without invitation, the practice may decline payer-administration activity and direct the payer or patient to an enrolled participating clinician. However, the practice may respond when necessary to comply with law, protect the patient, correct a material misrepresentation, or address a valid legal process.

Professional Fees and Costs

Prices may change prospectively. Payment or submission of records does not by itself guarantee acceptance. If a service is declined before substantive professional work begins, unearned funds will be handled under the applicable payment and refund policy. Once professional work begins, fees are earned as stated in the applicable fee terms, Work Order, or payment policy. Where no more specific written term applies, fees may be earned in proportion to work performed.

Third-party costs for laboratories, imaging, products, pharmacies, records, specialists, or other services are separate. Dr. Weyrich does not guarantee insurance reimbursement, formulary coverage, prior authorization, or acceptance of orders or recommendations by another clinician. The patient is advised that some third-party vendors that offer insurance reimbursement may balance-bill the patient if the insurance allowance is less than the vendor's list price. It may be more cost effective to pay in advance for third-party services to lock in cash discounts, and then submit to insurance for reimbursement.

Except where direct payment is prohibited or not accepted, all charges remain the patient's responsibility whether or not an insurer reimburses any portion.

Payment is due at the time required by the applicable service agreement, Work Order, fee schedule, or invoice. Accepted payment methods may include check, Zelle, PayPal, credit/debit card through PayPal, or other methods approved by the practice.

I understand that I am responsible for payment of Dr. Weyrich's professional fees and may also be responsible for payment to outside laboratories, pharmacies, imaging centers, consultants, or other third parties. Dr. Weyrich does not guarantee that any service, laboratory test, supplement, medication, prescription, report, letter, or recommendation will be covered or reimbursed by any insurance plan, government program, health savings account, flexible spending account, medical savings account, or other benefit arrangement.

General Insurance and Restricted-Network Limitations

Unless expressly stated otherwise in writing, Dr. Weyrich does not participate as an enrolled, credentialed, or contracted provider with the patient's insurer or government program. A plan may therefore decline payment for his services or for tests, prescriptions, referrals, equipment, or other services he orders or recommends.

- Payment directly to Dr. Weyrich does not obligate an insurer, health plan, laboratory, pharmacy, facility, or participating clinician to reimburse the patient, accept his orders, or implement his recommendations.
- Private payment may be restricted by the laws, regulations, contracts, or program rules governing a particular plan and must not be assumed to be permissible in every circumstance.
- The patient is responsible for confirming coverage, network requirements, referral rules, prior authorization, formulary requirements, and cost-sharing obligations with the applicable plan.
- Dr. Weyrich may prepare a summary, recommendation, or coordination-of-care communication, but he cannot guarantee that another clinician, health plan, laboratory, pharmacy, or facility will respond, accept responsibility, place an order, authorize a service, or implement a recommendation.
- The patient must maintain access to an appropriate participating PCP and other clinicians able to provide covered services that Dr. Weyrich cannot obtain through the patient's plan.

Specialty benefit administrators and carve-out networks.

Some health plans administer naturopathic, complementary, rehabilitation, or other specialty benefits through a separate company, network, or utilization-management organization, such as American Specialty Health (ASH).

Dr. Weyrich does not participate in, contract with, submit claims to, seek authorization from, or accept reimbursement from specialty benefit administrators or carve-out networks. The existence of a naturopathic or specialty-care benefit does not mean that Dr. Weyrich participates in that benefit or agrees to provide services subject to the administrator's covered-service limitations, visit limits, documentation requirements, utilization review, or reimbursement terms.

Patients who wish to use such benefits must obtain services from a participating practitioner or independently pursue any out-of-network reimbursement available under their plan. Dr. Weyrich does not undertake medical-necessity review submissions, treatment-plan submissions, utilization review, appeals, or other payer-administration requirements imposed by a specialty benefit administrator.

Outside-vendor financial responsibility.

Dr. Weyrich does not authorize a laboratory, imaging facility, pharmacy, or other outside vendor to treat him or the practice as guarantor of the patient's charges. Before receiving an outside service, the patient is responsible for confirming the vendor's payment arrangements and signing any required beneficiary notice, self-pay agreement, or other financial acknowledgment. The patient is responsible for charges imposed by the outside vendor for services the patient elects to receive, except to the extent prohibited by applicable law or a separate written agreement signed by Dr. Weyrich.

AHCCCS

AHCCCS status. Dr. Weyrich is not registered as an AHCCCS provider and is not contracted with AHCCCS managed-care plans.

New AHCCCS patients. This practice does not accept new patients for Case Integration Review, Ongoing Case Review, or Clinical Evaluation and Treatment who are currently enrolled in AHCCCS. This policy is based on provider-registration, payment, ordering, monitoring, referral, and care-coordination limitations and is not based on diagnosis, disability, or another protected characteristic.

Change to AHCCCS during an existing relationship. If an established patient becomes enrolled in AHCCCS, the practice will reassess whether services can continue lawfully and safely. Services may be deferred, limited, or transitioned under the Safety, Continuity, and Transition of Care provisions below.

Private payment by AHCCCS members. Dr. Weyrich will not assume that an AHCCCS member may simply pay privately for continued services. Any proposed exception must be reviewed and accepted in writing before the service is provided. Private payment does not obligate AHCCCS, an AHCCCS plan, or an in-network clinician to cover or implement Dr. Weyrich's recommendations.

Medicare and Medicare Advantage Plans

Dr. Weyrich is not enrolled as a Medicare provider and does not submit claims to Medicare. Medicare generally does not recognize naturopathic physician services as covered physician services. Dr. Weyrich does not represent that his professional services are reimbursable by Original Medicare.

- Medicare may require covered laboratory tests, imaging, equipment, prescriptions, referrals, certifications, and other services to be ordered or certified by a Medicare-recognized and appropriately enrolled practitioner.
- Medicare Advantage plans may have different supplemental benefits, provider networks, referral rules, and authorization requirements. The patient must verify coverage directly with the plan.
- The patient must maintain access to an appropriate Medicare-recognized clinician for covered services that Dr. Weyrich cannot obtain, order, certify, or coordinate through Medicare.
- Private payment to Dr. Weyrich does not create Medicare coverage for his services or for related testing, treatment, prescriptions, referrals, or other care.
- **Medicare laboratory services.** When Medicare may not recognize Dr. Weyrich as an eligible ordering practitioner or may deny payment for a laboratory service, the patient may be required to obtain an independent order from a Medicare-recognized clinician or enter into a direct-pay arrangement with the laboratory before specimen collection. Dr. Weyrich does not authorize the laboratory to bill him or the practice for the patient's laboratory services.

TRICARE, Military, Veterans', and Federal Programs

TRICARE, VA, military, and other federal programs may have distinct provider-recognition, coverage, referral, pharmacy, and authorization requirements. Dr. Weyrich does not bill these programs or guarantee recognition of his services, orders, prescriptions, or referrals. The patient must maintain access to program-recognized clinicians when required.

Other Private Insurance, HMOs, Medicaid Programs, and Restricted Plans

Similar limitations may apply to private insurance, employer plans, Medicaid programs, HMOs, narrow networks, exchange plans, and other restricted arrangements. Dr. Weyrich does not bill these programs or guarantee recognition of his services, orders, prescriptions, or referrals. The patient must maintain access to program-recognized clinicians when required.

- The patient is responsible for obtaining required referrals and authorizations from an eligible participating clinician.
- The practice may require confirmation of a workable testing, monitoring, prescribing, referral, and emergency-care pathway before beginning or continuing clinical treatment.
- The practice may decline a proposed service when the plan's restrictions make safe or lawful performance impracticable.

Safety, Continuity, and Transition of Care

If required testing, monitoring, prescribing, referral, or treatment cannot be obtained reliably, Dr. Weyrich may limit the services he provides, refer or attempt to transition affected care to a participating clinician, or terminate the professional relationship through an orderly transition process.

As clinically appropriate, that process may include reasonable advance notice, a summary of active issues and outstanding follow-up needs, contact information for the patient's plan or participating providers, authorized transfer of medical records, limited interim care when medically safe, and instructions for obtaining urgent or emergency care.

Dr. Weyrich is not required to begin, prescribe, renew, or continue a treatment that, in his professional judgment, cannot be provided or monitored with reasonable safety. This limitation applies regardless of whether the obstacle arises from payer policy, network requirements, administrative procedures, lack of cooperation from participating clinicians, inability to obtain required services, or another material clinical or operational barrier.

This practice is not an emergency service. The patient will call 911 or go to the nearest emergency department for emergency symptoms and will not wait for an insurance determination or a response from Dr. Weyrich.

Patient Responsibilities

- I will accurately disclose all current insurance and government-program enrollment and will promptly report changes, applications, eligibility determinations, and retroactive effective dates.
- I will maintain access to a designated PCP and other participating clinicians able to provide comprehensive primary, preventive, urgent, emergency, and covered specialty care that Dr. Weyrich cannot obtain through my health plan.
- I will confirm coverage, network status, prior authorization, referral requirements, pharmacy rules, and expected out-of-pocket costs before relying on my plan to pay.
- I understand that Dr. Weyrich's recommendations do not require another clinician or health plan to act and that delays or refusals may require me to seek care through participating providers.
- I will not delay urgent or emergency evaluation while waiting for insurance approval, coordination, or a response from this practice.
- I will cooperate with reasonable transition, referral, records-transfer, and monitoring arrangements when continued care cannot be provided safely through this practice.



Payment, Insurance and Third-Party Coverage

Signature

Orville R. Weyrich, Jr., PhD, NMD, BCN, ABAHP

Please read this complete Payment, Insurance and Third-Party Coverage document, dated September 23, 2026, before signing below. It is also available at <https://DrWeyrich.com/forms/04-20260923.pdf>. The complete agreement is incorporated into this acknowledgment and consent.

Save or print this page and the following page, complete both pages, and return them by secure email to DrWeyrich@hushmail.com, by fax, or by postal mail. Fax number and postal address are provided on request.

Patient Coverage Disclosure

The patient must accurately disclose current insurance and government-program enrollment and promptly report material changes, including retroactive coverage. Coverage does not expand the services Dr. Weyrich has agreed to provide or require services that cannot be lawfully, reliably, or safely delivered. Listing a plan below does not constitute agreement by Dr. Weyrich to accept such a plan.

Current coverage category – check all that apply:

- ☐ None/self-pay only
- ☐ Original Medicare
- ☐ Medicare Advantage
- ☐ AHCCCS/Medicaid
- ☐ TRICARE/VA/federal program
- ☐ Private insurance/HMO/PPO
- ☐ Other restricted network _____

- **Current health insurance coverage or program plan name(s):**

- **Coverage effective date or recent change date:** _____

Acknowledgement and Agreement

I have read this document and understand that Dr. Weyrich operates a direct-pay practice and may not be recognized by my insurer or government program. I understand that private payment does not guarantee coverage of Dr. Weyrich's services or related testing, prescriptions, referrals, monitoring, or treatment. I understand that services may be declined, deferred, limited, transitioned, or ended if necessary care cannot be obtained reliably, lawfully, or safely.

This Payment, Insurance and Third-Party Coverage document applies to a Work Order or other service agreement when that agreement incorporates this document by reference.

- ☐ I have accurately disclosed my current insurance and government-program enrollment and will report material changes.
- ☐ I understand that Dr. Weyrich operates a direct-pay practice and does not submit claims, obtain payer authorizations, or conduct other payer-administration transactions.
- ☐ I understand that any receipt or superbill is provided for my independent use and that I am responsible for any submission to my health plan.
- ☐ I understand that I may need a participating or program-recognized clinician for testing, prescribing, referrals, authorization, or other covered services.
- ☐ I understand that services may be declined, deferred, limited, or transitioned when they cannot be provided reliably, lawfully, or safely.
- ☐ I understand that this document applies to a service or clinical agreement when it is incorporated into that agreement by reference.

Patient name (printed): _____

Date of Birth: ____/____/____

Legal guardian or authorized representative, if applicable:

(printed name): _____

Relationship to patient / authority to sign: _____

Signer is: ☐ Patient ☐ Legal guardian ☐ Authorized representative

Signature: _____ **Date:** ____/____/____

Accepted by Dr. Orville R. Weyrich, Jr., NMD:

Signature: _____ **Date:** ____/____/____