

Advanced Concepts in Medicine
The Center for Advanced Medicine
Dr. Rashid A. Buttar
20721 Torrence Chapel Road, Suite 101-103
Cornelius, NC 28031
704-895-9355 Fax 704-895-9357

Financial Policy for Cancer Treatment

The following is an explanation of our financial policy for cancer treatment. Understanding this policy is of great importance and will be instrumental in reducing stress during your treatment. Please understand that we do not participate with or accept assignment from any insurance companies. Although some treatments are not reimbursable, as a courtesy we will print HFCA claim forms for you to file with your insurance company if applicable. Treatments that are reimbursable will vary based upon your insurance policy. We know that you have a choice in your health care and we thank you for choosing our clinic to provide you with your medical needs.

- A \$12,000 retainer is required to start treatment for cancer at our clinic. The costs of treatment will be deducted from this “retainer” as treatment is initiated and progresses. Usually, this will cover baseline testing, specific immune function and status of cancer including apoptosis, cell cycle analysis, lymphocyte subpopulation and NK cell profile. This will also cover your physical, EKG, BMD and 12 hour urine challenge testing for metals and persistent organic pollutants. A balance of approximately \$5,000 - \$6,000 will remain after your initial work-up. Your treatment will also be initiated immediately, including the immune modulating peptide analogs, the AARSOTA (autogenous antigen receptor specific oncogenic target acquisition) collection, and other therapies we use in cancer patients.
- Estimated treatment expense will be \$5,500 - \$7,500 per week. This amount will depend on your specific treatment plan and the required nutraceutical and supportive therapies that are being utilized that are necessary for your treatment.
- It is required that you maintain a prepaid amount of \$6000 in your account during your initial 8-12 week treatment period.
- Payment is required on the Friday prior to the next week of treatments. If there is a credit left in your account at the end of the week, it will carry over to the following week. You will then be responsible for the difference only. Outstanding balances must be paid by week end.
- This prepayment must be maintained during the initial treatment period of 8-12 weeks. Once you are on a maintenance treatment schedule, you will only be responsible for payment at the time services are rendered. No prepayments will be required during your maintenance period.
- If you have any remaining credits after the initial 8-12 week treatment period, we can:
 - 1) Refund the remaining credit amount, or
 - 2) Leave this credit on your account for future visits and treatments.

We understand that financial issues may cause extra stress and we want to do everything possible to alleviate your concerns. If anything is not clear, please ask the administrator reviewing this policy.

I have thoroughly read and understand the above policy and agree to all the terms and conditions.

Patient Name (please print)

Date

Patient Signature

Date

Representative for Center for Advanced Medicine and Clinical Research

Date