



Classical Homeopathy and Wellness Consultation

Kim Lane, MD 🌿 470 West Highway 96, Suite 120 🌿 Shoreview, MN 55126
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We bring good health to life!

Medicare/Medicaid/Minnesota Care Patient Notification and Contract

Wellness Lane, LLC is a fee for service practice. By signing this agreement you are made aware that you must pay for your visit at the time of service. Wellness Lane, LLC is not accepting nor providing coverage through Medicare/Medicaid/MinnesotaCare or any state or federal insurance programs to you because Dr. Kim Lane is no longer a Medicare/Medicaid/MinnesotaCare provider as of January 1, 2015 continuing for the two years. Homeopathy has not been a covered service previously. This contract clarifies that none of the services provided by Dr. Lane or Wellness Lane, LLC are covered for any of the items or services provided for your care. You agree not to submit nor ask the provider to submit any claims to Medicare/Medicaid/MinnesotaCare.

Payment from Medicare/Medicaid/MinnesotaCare will not be made for such provided services or items through Wellness Lane, LLC or Dr. Lane. Further you are informed that you do have the right to obtain Medicare/Medicaid /MinnesotaCare services and items from physicians or practitioners who have not opted out of covered services. By signing this document you state that you further understand that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare/Medicaid /MinnesotaCare.

Fees are due at the time of service and may be paid in cash, by check or American Express, Discover, MasterCard or Visa. Every effort is made to keep your costs reasonable and appropriate.



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By signing this agreement you agree to the terms above. This agreement will be in effect for the time you are a patient at Wellness Lane, LLC to be renewed and reviewed annually. If this is not agreeable to you, Dr. Lane will suggest other providers who may be of service to you *and* care will not be available to you through Wellness Lane, LLC.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS CONTRACT AGREEMENT AND I AGGREE TO ITS TERMS.

Patient/Legal Guardian/Legal Representative Date

Provider Date