



Anita Sadaty, MD
Redefining Health

Thrive!

Thrive Consent Form 1

Consent For Thrive Wellness Program

Thrive Medical Wellness Program is not an insurance-based program. It is considered a health and wellness program that falls outside of insurance coverage and cannot be submitted for insurance reimbursement. If you choose to participate in this wellness program you will be responsible for payment at the time of visit.

Premise – A person’s lifestyle including diet, exercise pattern, sleep habits, stresses and interpersonal relationships are believed to be directly related to the development and maintenance of illness. This program evaluates these factors and seeks to help you establish more positive lifestyle patterns regardless of age or type of medical problem.

Testing – I understand that this program may use diagnostic and treatment methods that are variously known as complementary, integrative, holistic or nutritionally oriented.

Lab work – Because we look for imbalances in the body and for trends that may result in illness if not addressed, we at times order tests that may be considered by mainstream medicine to be “unnecessary or of no value.” This may include tests for nutritional status, hormone levels, gut infections, heavy metal levels and vitamin or mineral levels. These may or may not be covered by your insurance carrier. This will be discussed with you at the time that you receive your lab kits. Blood work ordered by our office is generally a covered medical expense but is dependent on your personal insurance carrier’s specific benefits and coverage. Deductibles may apply. You are responsible for determining your financial responsibility from your insurance carrier for all testing that is recommended.

Supplementation – Although prescription and over the counter medications are used when necessary, an attempt is first made, when appropriate, to use nutritional supplements such as vitamins, minerals, amino acids, enzymes and botanical formulas. These products may be purchased online from FullScript – an online dispensary that offers access to a wide range of professional grade supplements and botanical formulas that have been used successfully in our wellness programs, however YOU ARE IN NO WAY OBLIGATED TO PURCHASE THESE PRODUCTS through this dispensary and are free to purchase them from any source that you may choose.





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Thrive Consent Form 2

Consent For Thrive Wellness Program (continued)

Your Participation – We believe in your involvement in improving your own health and encourage questions and participation in decisions surrounding any aspect of your wellness program. We encourage discussion with your other health care practitioners about any health care concerns or questions. Please continue on your prescribed medications and advise your pharmacist of any supplements you are taking along with any medications to ensure no harmful interactions exist.

Goals --We will do our best to achieve your healthcare and wellness goals. However, we are making no claims or guarantees that your medical problems or conditions will be resolved by following the program recommendations.

Please contact the office if you are unclear about any of the information outlined in this document.

I have read the above consent form for enrollment in the wellness program and understand its provisions. I clearly understand and agree that all services rendered to me are charged directly to me and that I am responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

I _____ (please print your name) have read and understood the above referenced Policies and Procedures.

Patient Signature: _____ **Date:** _____

