



A Total Life Concept For Healthcare, Fitness, Nutrition, and Behavioral Health

FREQUENTLY ASKED QUESTIONS – FOR INDIVIDUALS

Why join Mountain View Family HealthCare?

Our patients are a diverse group of people who share many common desires for their primary care experience including:

- Wanting a relationship with a physician who is willing and able to take the time to ensure that all of their health issues are adequately addressed.
- Appreciate having a physician who will advocate for them and help them navigate an increasingly complex healthcare system.
- Are motivated to invest in wellness and prevention to optimize their health.
- Appreciate prompt responses to their needs including timely appointment scheduling and call backs.
- Value the ability to communicate directly with their primary care physician.
- Seeking primary health care that is high quality, comprehensive and affordable.

What ages of patients do you see?

We care for men and women of all ages as well as teens and children (including newborns).

What is Direct Primary Care?

Direct Primary Care describes a practice where patients pay a monthly fee in place of the usual fee for service model and no insurance billing is performed. This innovative model of care reverts to the philosophy that care is best delivered in a direct relationship between the patient and physician. By cutting out the increasing burden of billing-driven requirements that insurance companies place on medical practices, we can focus our time and energy on what's best for your health. Office visits are then either free or very low cost which eliminates a financial barrier to obtaining care when you need it.

How does this model improve access to care for me and my family?

At Mountain View, we limit the number of patients in the practice so that you receive timely and comprehensive care. Nationally, the usual number of patients assigned to a primary care physician is over 2000. This means that on average each patient gets less than one hour of their doctor's time per year. In contrast, our Direct Primary Care practice limits the number of patients served to between 400-600 patients per physician. This limit allows for longer appointment times and increased availability in order to better care for you and your family.

How does Mountain View Family HealthCare act as a patient advocate?

Because we serve a smaller number of patients, we have more ability to focus our time and energy on a greater array of patient needs. This allows us significantly more time to collaborate with consultants and advocate for coverage for prescriptions, procedures and specialty care.

Why is there a monthly fee?

Some patients find the concept of paying a monthly fee for health care services confusing. By charging a monthly fee, Mountain View Family HealthCare can limit the patient volume which allows for more appointment availability and dramatically reduces the cost of each visit so that care is readily available when you need it. In addition, you have access to your physician even when the clinic is closed which can save a more expensive visit to urgent care or the Emergency Room.

Will I be required to pay the monthly fee even if I do not get sick?

Yes, in fact our hope is that by focusing on preventive care we can limit the frequency that you experience acute illness. To this end, we strongly encourage regular wellness consultations and consistent care for chronic illnesses.

Why does Mountain View Family HealthCare charge additional fees for some services?

By charging small fees for services such as office visits, phone consultations and in-office labs and procedures, we are able to keep the monthly fees lower so those who do not require those services do not have to pay for those who need them more frequently.

Does Mountain View Family HealthCare function as an insurance plan?

No, the Direct Primary Care model is not a substitute for an insurance plan. The monthly fees cover primary care only from Mountain View Family HealthCare and not services from other health care entities or providers.

Do I need insurance if I am a patient of Mountain View Family HealthCare?

Your monthly fee does not cover costs of health care services received outside of Mountain View Family HealthCare. In addition, unexpected health emergencies do occur so we strongly encourage enrollment in an insurance plan that provides coverage as outlined in the Affordable Care Act guidelines. Enrollment in traditional health insurance plans may also cover lab tests, medications, visits to specialists, hospital care, etc.

How does Mountain View Family HealthCare work with insurance?

We do not contract with any insurance plans and would be considered an “out of network” or “non-contracted” provider if you have health insurance coverage. Check with your insurance company to see if part of the services provided here will be reimbursed. Upon request, Mountain View can provide you with a bill for office services that you can submit to your insurance company who then determines your level of reimbursement. Exceptions to this are government funded health programs including Medicare and Medicaid which currently do not accept any bills from non-contracted providers. Our monthly fees are not reimbursable by any insurance plans.

Why are charges for office services not reimbursed by Medicare?

Federal regulations will not allow our services to be covered by Medicare as this practice has “opted out” of Medicare contracting. However, services ordered by us such as prescriptions, oxygen therapy, physical therapy, home health care, etc. will be covered by Medicare as are any services by other Medicare contracted providers including specialists.

Can I use my Flex account or HSA plan to cover office visits and procedures performed at Mountain View Family HealthCare?

Office visits and other clinical services provided at Mountain View qualify for use of funds in HSA and Flex accounts. You can seek additional assistance on this question from your insurance plan representative.

Can I use my Flex account or HSA plan to cover the monthly fees?

Currently, the IRS does not allow use of Flex account or HSA pretax dollars to be used to cover the monthly fees for enrollment in a Direct Primary Care practice. However, legislation is pending in Congress that would allow the use of HSA funds to cover the monthly fees.