The Get Well Program

Reveal. Restore. Revitalize.

WHAT IS THE GET WELL PROGRAM

This program exists to bring Integrative Medicine to all, regardless of income or financial status. These therapies are often not covered by health insurance but can be greatly beneficial.

This program is a 3-step process to help you transform your health one step at a time.

REVEAL

You will meet for a 90 minute consultation with one of our physicians to obtain a comprehensive picture of your current health status. Leaving no stone unturned, our goal is to get to the root of your discomfort.

RESTORE

Based on your first visit, your doctor will determine your Personalized Patient Action Plan which may include nutritional counseling, acupuncture, chiropractic, functional medicine testing, supplements, and/or energy healing.

REVITALIZE

We want you to be a vital human being capable of optimal health. After the completion of your six-to-twelve month program, we hope you will feel revitalized and refreshed!

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GET WELL APPLICATION FORM

BASIC INFORMATION

Full Name:_____ Date of Birth:_____

Address:_____

Phone Number: home_____ mobile_____

Email Address:_____

FINANCIAL INFORMATION

Total Members in Household:_____ How many are currently employed? _____

Employer: _____

Employer Address: _____

Length of employment:_____

Are you currently enrolled with Medicare: _____

HEALTH INFORMATION

Primary Care Physician:_____

Date of last visit:_____

Please list top three medical conditions:

1. _____
2. _____
3. _____

Are you a current or former patient of Alliance Integrative Medicine?_____

How did you hear about our program?_____

For IMF Committee Only

*Date Received:*_____

*Approval signature #1:*_____

*Approval signature #2:*_____

*Final decision:*_____

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FINANCIAL REQUIREMENTS

To qualify for the program, you must meet the financial requirements below. If you have a severe financial stressor that falls outside of these guidelines, please include a one-page letter discussing your current situation.

You must show proof of gross financial income for all immediate family members in your household.

Acceptable Income Verification

- Recent Federal tax return
- IRS form W-2 or 1099
- Two current paystubs

If accepted into the program, the costs will be outlined in your acceptance packet.

Family Size	Category 1	Category 2	Category 3
% of Federal Poverty Guidelines	*138%*	*250%*	*400%*
1	$16,394	$29,700	$47,520
2	$22,108	$40,050	$64,080
3	$27,821	$50,400	$80,640
4	$33,534	$60,750	$97,200
5	$39,247	$71,100	$113,760

**Based on 2017 Federal Poverty Guidelines

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MEDICAL NEED REQUIREMENTS

Write a one page essay (500 words) explaining why you should be enrolled in the Get Well Program.

Please include:

- ✓ Current health issues or conditions
- ✓ Current or recent medical help you have sought
- ✓ Any reasons that show severe financial need

APPLICATION CHECKLIST

- ✓ Proof of Medical Need
- ✓ Proof of Financial Need
- ✓ Completed Application Form
- ✓ Must have an active primary care physician

Please mail or fax all materials to:

Alliance Integrative Medicine
Attn: Erin Reynolds
6400 E. Galbraith Road
Cincinnati, OH 45236
PH: 513.791.5521
FAX: 513.791.5526

Thank you for your interest in our program. Our committee will notify you of their decision within two weeks of your application submission.