

HIGHLIGHTS & DETAILS



Marc Harrigan, MD

Concierge Medicine of Buckhead



***Enhanced Care Benefits Included as Part of the Annual Fee:
These services are not covered by Medicare or by other insurance plans.***

24/7 direct communications. During office hours when you call my office there will be no recording to navigate...only real people to take your call, with a real concern for your health and well-being. All phone calls will be returned promptly, but if you deem your problem “urgent” we will make every effort to speak to you at the time of your call.

Additionally, **my personal cell phone will be provided to you.** This allows easy and direct communications for urgent medical problems that occur outside of my regular office hours. Ideally, I want to hear from you when you are ill or injured to coordinate your care. **However, for emergencies, always call 911 first.**

Convenient email and text communication for non-urgent health issues or questions. You will receive a prompt response from me personally (usually within 24 hours). You may send a text message if a brief communication is appropriate. Because email and text communications are not always secure, please use discretion when choosing topics to discuss with me via these platforms. Your patient portal is the best way to communicate securely and confidentially.

Little or no office waiting room time, and longer appointments. Office visits will start promptly, allowing more time to thoroughly address all of your questions and concerns at each visit. Comprehensive Annual Health Assessment appointments will be scheduled for approximately 60 minutes and all other appointments will be scheduled for approximately 30 minutes.

Hearing and vision screenings. As part your Comprehensive Annual Health Assessment, I will provide you with annual hearing and vision screening exams, regardless of any reported symptoms. I believe that regular screenings are an important tool for early detection of hearing or vision loss.

Extended office hours. Office visits are best scheduled when the full complement of staff is available. However, should you require an occasional visit outside of our usual office hours, we will certainly do our best to reasonably accommodate you.

Strong focus on preventive medicine and long term health and wellness. As part of my commitment to your long-term health and wellness, my philosophy is to educate you about your personal medical needs and risks. We will work with you to assess your level of fitness, provide weight management guidance, and offer advice on leading a healthy lifestyle. In addition, we will work with you to support your emotional well-being, and recommend an appropriate wellness plan. This will allow you to take an active role in managing and maintaining your good health.

Personalized hospital care. Should you need to be hospitalized, I will remain involved in your care and continue to advocate on your behalf. I will make courtesy visits while you are hospitalized at Piedmont Hospital and communicate regularly with the hospitalist who is providing services.

Adult dependent children of members are welcome. If a parent opts to join my personalized care practice, I will be happy to care for his/her dependent children ages 12 up to 26 without an additional membership fee.

“Virtual” consultations and long distance care. Whether you are on a brief vacation, living some of the year in a second residence or otherwise unable to come to the office, I will offer a “virtual” consultation as determined on a case-by-case basis, at my discretion and subject to the state law requirements. However, if in my judgment you need to be seen by a local physician, you will be encouraged to seek medical attention. I will communicate with you directly, as well as with your treating physician, to support the coordination of your care on health issues that may arise.

Quarterly newsletter on topics relevant to your health and well-being. I will provide seasonal newsletters on medical subjects of interest.

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Comprehensive Annual Health Assessment

In my ongoing efforts to assist you in adopting and maintaining a healthy lifestyle and optimizing your quality of life, you will be encouraged and reminded by my staff to schedule a Comprehensive Annual Health Assessment, regardless of condition or necessity, each year. This is a comprehensive annual visit, unrelated to any illness or injury. It will include a thorough examination and an appropriate array of screening tests based on age, health status and risk factors. Each person is unique and there is no one-size-fits-all approach when it comes to prevention and treatment. Depending on your particular health situation, additional tests (such as blood tests, a colonoscopy, mammogram, etc.) may be recommended. These will be billed by the performing entity, and you or your insurer will be responsible for payment of these tests. I will use the results of our exam to help you develop a plan for the year to improve health and fitness and to address any new or existing health goals. Every patient is advised to have an annual evaluation.

The membership fee does not apply to the Welcome to Medicare assessment or to any annual wellness check-up. Portions of this Comprehensive Annual Health Assessment and associated tests may be “covered” services under Medicare and other commercial insurance plans and will be billed accordingly. However, the annual membership fee applies only to non-covered components of the Comprehensive Annual Health Assessment.

My Staff

My staff is an important part of your experience with my office. They not only have the expertise to advocate on your behalf, but will assist you in navigating through other aspects of the medical community when necessary.

Insurance Information

Commercial Insurance Patients

Office visit charges are not included in your annual fee. I intend to remain an in-network provider for many PPO insurance plans. I will bill insurance for all covered services and patients will be responsible for deductibles, copays and exclusions in accordance with individual insurance plan guidelines. It is my intention that no insurance-covered medical services are included in your annual fee.

As medically indicated, I will make it a priority to refer you to in-network physicians for any necessary consultations and to in-network facilities for diagnostic tests and hospitalizations. Any services rendered by these physicians or facilities will be billed by the performing entity.

Medicare Patients

I will continue to submit claims to Medicare and to your supplemental insurance on your behalf for Medicare-covered services. Patients will be responsible for deductibles, copays and exclusions in accordance with individual insurance plan guidelines. The annual membership fee is intended to only include services as described herein that are **not covered** by Medicare and **will not be paid for or reimbursed** by Medicare.

Annual Fees & Instructions

Please see the Patient Agreement form for annual fees and instructions.