

# FRONTIER HEALTH AND WELLNESS

*Collaborative Clinical Care for Alaskans*

## *Acknowledgment of Separation of Responsibilities*

At Frontier Health and Wellness (FHW) we operate as a clinical collaborative in conjunction with our highly skilled providers.

FHW is not a clinical or medical provider but an administrative company working in support of and on behalf of its contracted providers and their clients. Each contracted provider is responsible for the medical and clinical care that is provided to each patient. Providers with FHW each have their own State of Alaska Professional License and individual business license under which they practice. Since FHW's contracted providers are independent practitioners, they will submit billings to insurance or whichever payer source has been agreed upon under their individual practice names.

To better serve our clients please allow FHW staff to assist you in all your non-clinical needs. FHW is happy to assist with (but is not limited to) the following:

- New Intakes
- Scheduling
- Administrative questions
- Patient accounts
- Client portal set up
- Billing/accounts payable
- Medical records requests and management
- Acting as a liaison between contracted providers and clients

### **Frontier Health and Wellness Contracted Providers:**

- Child, Adolescent and Adult Psychiatry Services: E. David Hjellen D.O. – Frontier Health Services
- Pediatric Clinical Therapy Services: Victoria Hutton MS, LPC, CAPT – Beyond Barriers Counseling
- Adult Psychiatric Services: Kelly Moore, Psychiatric Mental Health NP - BoreTide Behavioral Health
- Adult Psychiatric Services: Tina DeMure, Psychiatric Mental Health NP - Tina DeMure, LLC

### **Agreement:**

\_\_\_\_\_ *I have read the above document from Frontier Health and Wellness on behalf of its contracted providers.*

\_\_\_\_\_ *I understand the Frontier Health and Wellness is not a medical or clinical provider and that all clinical decision making occurs outside of the authority of FHW. Furthermore; all diagnostic and treatment decisions exist between patient and provider and do not in any way involve FHW or its employees.*

*All of my questions and concerns have been answered and addressed by Frontier Health and Wellness staff or my provider prior to signing and submitting this document.*

\_\_\_\_\_  
Patient/Guardian Name

\_\_\_\_\_  
Child/Adolescent Name (if applicable)

\_\_\_\_\_  
Patient Guardian Signature

\_\_\_\_\_  
Date