

Dear New Patient:

Welcome to the **Pain & Brain Healing Center**. Whether you are just beginning your journey of healing or at the end of your rope, we are here to help you! Real healing is not disease care; it is more than giving a name to a group of symptoms “fibromyalgia or chronic fatigue” to be matched to the latest drug in vogue.

Real healing is like CSI detective work, a comprehensive examination of all the facts unique to your own biology. This allows us to design a natural Personalized Lifestyle Medicine approach specific to your healing. To accomplish this we must have a comprehensive history of your health, therefore a great deal of time will be spent gathering and reviewing this vital information. To facilitate this process we utilize detailed questionnaires. The following enclosed information is necessary in order for us to start your in office file and for our participation in your health restoration. You are encouraged to make copies of these documents for your own records.

**NOTE: The following forms must be completed, signed, and received by our office on the scheduled first appointment. If forms are not filled out in time for the appointment, we cannot guarantee you will be seen by Dr. Fors.** We apologize for any inconvenience this may cause, but we need to accommodate other patients waiting to be scheduled. **These forms may be faxed, e-mailed, and delivered or mailed if time allows; if faxed or e-mailed the originals must be brought with you to the clinic at the time of your appointment.**

- Either one of following forms:
  - Adult Questionnaire
  - Child Questionnaire

If you have copies of recent medical imaging and/or and laboratory reports, please provide them to our office at the time of the visit. Please don't hesitate to contact us should you have any questions. We look forward to assisting you.

### **Appointments:**

#### **First Visit - Consultation:**

- All initial paperwork must be completed, signed, and received by our office either prior to or on the day of your scheduled appointment. You may fax the form to 763-862-7077 or e-mail it to [painandbrain@gmail.com](mailto:painandbrain@gmail.com), but if the form is faxed or e-mailed the originals will need to be handed in at the time of the appointment.
- At your initial consultation, Dr. Greg Fors will review your history and previous lab work. Dr. Fors will answer your questions about functional medicine and how it can help you
- Please check in 5 minutes before your scheduled appointment.
- Patients who are late may lose part of their time.
- Please do not wear any scented products, as many of our patients are chemically sensitive. These include lotions, cologne, perfume, hair spray, etc.

**Second Visit - Follow-up consult:** This visit will focus on a discussion of the first visit, history and the results from your previous lab work. You will also be presented with a detailed treatment plan which will include recommendations for blood, urine, stool and/or other testing necessary to pinpoint the actual cause of your disorders, the number of visits Dr. Fors would like to see you for and the type of therapies he would recommend for your treatment. This treatment plan will have the details on your investment. It is during this consult that a decision is made whether you move forward with care or not. If you decide to move forward with care, we schedule your next visit with Dr. Fors. This next visit will be an examination and ordering lab tests\*.

*\*Please note that any tests ordered during a visit are either billed through insurance or paid separately and are not included in the fee for the treatment plan.*

**Third Visit - Examination:** At this visit, payment is due for your care. If payment is not received before the exam we will reschedule your appointment for a later date. Dr. Fors will meet with you to perform a noninvasive exam. During this comprehensive exam he will be looking at neurologic, orthopedic and myofascial components. Dr. Fors will also be doing in-depth history interview. After the exam, Dr. Fors will order the lab test for you to complete.

- Patients who forget their appointment or don't cancel with appropriate notice maybe charged for a visit. See the cancellation policy below. Please understand that a missed appointment could have gone to a patient on the waiting list.
- Any research requested by the patient is a billable service and will be charged at the hourly rate.

**Fourth Visit and on ... Functional Medicine Consult & Education, treatments – continued care.**

#### **Medical Letters, Narrative Reports, Chart Note Copying, etc.**

Medical letters to insurance companies, disability, as well as narrative reports and chart note copying for insurance purposes, etc. are a billable service. If your insurance company requires additional information we will attempt to bill them prior to sending the requested information. Unfortunately, some insurance companies feel that paying for this service is not an allowable. If this occurs than any fees will be your responsibility

#### **Payments for Care at the Pain and Brain Healing Center:**

- We accept Cash, Check, MasterCard, and Visa.
- We offer a cash discount to patients paying in full.
- For patients needing a payment plan we accept CareCredit.
  - CareCredit ([www.carecredit.com](http://www.carecredit.com)) is a medical financing service available through our office that you can put towards office consultations, laboratory testing, and in-office therapies.
- **Insurance:** We are non-participating provider. A "Superbill" receipt (form detailing diagnostic codes and fees) can be provided to you for services provided. This receipt can be submitted to your insurance carrier for reimbursement. Some services may not be covered by certain health insurance plans. We are not responsible for unpaid claims by your insurance company for services we provide. **Pain & Brain Healing Center** does not accept insurance liens, assignments, or any reimbursement from your insurance carrier.

#### **Lab Work:**

Depending on the lab company and deductible, lab work can be processed through insurance, otherwise payment is due once the lab kit\* is shipped or blood drawn.

*\*You are responsible for reading ALL laboratory test kit instructions. Please take the time to read the test instructions prior to test collection.*

**Cancellations:**

- **Cancellation of an Initial Consult:** Please contact us at 763-862-7100 or email us at painandbrain@gmail.com to cancel your initial consultation. We would like to receive 24-hour notice of cancellation.
- **Follow-up Appointment Cancellation:** We would like to receive 24 hour-notice for follow-up consultations, which includes office visits or telephone consults with Dr. Fors. Appointments not cancelled within 24 hours of the scheduled appointment maybe charged a visit fee.

Please sign below to indicate that you:

- Understand what the initial consultation includes
- Want to be evaluated by Dr. Greg Fors and become a part of the practice

**Acceptance of Policies and Procedures**

By completing the following you agree to the policies and procedures detailed above.

Patient (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (patient or responsible party): \_\_\_\_\_

If signed by party other than patient, print name: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Our Hours:**

Monday: 11 AM–7 PM

Tuesday: Closed

Wednesday: 11 AM–7 PM

Thursday: Closed

Friday: 11 AM–7 PM

Saturday: Closed

Sunday: Closed