

# Fort Worth Functional Medicine New Patient Intake Form

Welcome! We are so glad that you have chosen to become part of the FWFM family! We are looking forward to your visit. Please make sure to read carefully, fill out, sign, **and bring** the following form with you to your appointment.

## Patient Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Primary Care Provider:

Name \_\_\_\_\_ Office Number \_\_\_\_\_

# What to Expect

## Initial Visit (up to 2 hours)

- Will cover your current concerns, entire medical history since birth, a physical exam, and a review of any recent bloodwork or medical records **you bring**.
- A plan will be given, addressing the primary issues that appear to be at the root of your symptoms or disease.
- Further testing will be ordered, if necessary.
- A follow-up visit will be scheduled within 1-3 months, depending on your personal needs.

## Follow Up Visit (up to 1 hour)

- Will review current plan and improvement noted. Will make any adjustments to plan, if necessary.
- Further testing, if necessary.
- Follow up visits will be scheduled based on your personal needs.

## Annual Wellness Visit (1 hour)

- Established patients only
- Will include review of medical history since last seen, a physical exam, and review of yearly blood work (to be done prior to visit) looking for early signs of inflammation.
- Lifestyle counseling and dietary recommendations, as needed

# Practice Policies

## Fees

Initial Visit (up to 2 hours) - \$300 (cash/check) or \$309 (card)

Follow up visit (up to 1 hour) - \$150 (cash/check) or \$155 (card)

Annual Wellness Visit (up to 1 hour) - \$150 (cash/check) or \$155 (card)

Membership (optional)- \$66 monthly

- One-year commitment required
- Billed monthly
- Includes initial visit and 3 follow up visits
- Membership **does not** include acute care visits
- Any additional follow up visits or acute care visits will be subject to individual pricing and paid for at time of visit.

Messaging:

- Contact through patient portal messaging at no additional charge if response requires less than 5 minutes of Dr. Jordan's time. For responses requiring longer than 5 minutes, a phone consultation or follow up appointment will be recommended, depending on the complexity of the concern.

Phone Consultations (up to 20 minutes) - \$37

- Will be billed at end of call.

## Payment Options

Cash, checks, or credit cards (MasterCard, Visa, Discover) are all accepted methods of payment for services. When you schedule the initial visit, we request a credit card on file to hold the appointment for you. No charges will be applied to your credit card unless you miss or cancel an appointment without proper notice. On the day of your scheduled appointment, payment will be due at the end of your appointment

Follow-up phone, or in person consultations will be billed to your credit card on file unless you provide other payment information and instructions prior to your appointment.

There will be a \$35 fee for any returned checks.

## **Insurance Information**

Functional Medicine consultation services may or may not be covered by your insurance plan. We **do not** accept any form of medical insurance for consultations as we are a fee-for-service practice. It is recommended that you call your insurance carrier to find out if your plan covers an “out of network” provider. Our clinic does not bill your insurance directly, but we can give you a receipt for services at your request, which you may try to submit for reimbursement. However, most times, you may be able to use your insurance for blood work, certain advanced labs, and any prescription medications. You may also use pre-tax dollars from a Health Savings Account (HSA) or a Flexible Spending Account (FSA) to pay for your consultations, lab fees, and prescriptions/supplements as your insurer allows. You will need to contact your plan administrator to determine if our services are covered for reimbursement. We cannot guarantee what your insurance plan will cover, but we will try our best to accommodate your needs.

## **Disability Forms**

Dr. Jordan does not fill out medical disability forms for patients nor perform disability exams. Dr. Jordan does not submit her medical notes to support disability claims.

## **Office Hours**

**By appointment only. No walk-ins.**

Phone: [\(817\) 203-4754](tel:8172034754)

Email: [bjordan@fwfunctionalmed.com](mailto:bjordan@fwfunctionalmed.com)

Every effort will be made to return email and phone messages within 24 hours, unless the office is closed for vacation, at which point the messages and emails will be returned when reopened.

## **Prescription Refill Requests**

Dr. Jordan will only refill medications she has initially prescribed. She will not refill medications that have been prescribed by other providers.

**It may take up to 72 business hours to process a prescription refill.** Please plan ahead to avoid any interruptions in your medications.

# Cancellation Policy

I understand that I must cancel and/or reschedule an appointment by giving 24 hours advance notice.

I understand that Fort Worth Functional Medicine reserves the right to charge \$50 if cancellation is less than 24 hours before appointment or \$100 for missing an appointment without notification.

I understand that if I am late to my appointment, it will still end at the scheduled time and I will be charged the full amount for the originally scheduled visit.

I understand that if I am more than 10 minutes late to an acute care appointment, I could possibly be considered to have missed my appointment.

I understand that Fort Worth Functional Medicine will make every attempt to send an appointment reminder, however it is ultimately my responsibility for making it to my appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Scope of Practice

## **Primary Care Provider**

Due to our practice structure, Dr. Jordan will **not** function as a primary care provider (PCP). All patients are encouraged to have a PCP to cover for acute needs, routine care, and screening (mammograms, pap smears, and colonoscopies, etc).

## **After Hours Care**

Fort Worth Functional Medicine does not offer after hours care. Any crucial medical problem outside of our office hours that cannot wait until the next business day should be seen by your PCP or at an urgent care/ER.

## **Emergencies**

In the event of a serious health concern that needs immediate attention, please go to the nearest urgent care/ER or call 911 in the case of a true medical emergency.

Please sign below indicating that you have carefully read and understand the above statements.

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

# Medicare Patients

## **Notice of Possible Medicare Denial**

Medicare will only pay for services determined to be reasonable and necessary under Section 1862 (a) (1) of Medicare Law. If a particular service is considered not acceptable and unnecessary under Medicare standards, Medicare will deny payment for those excluded services.

## **Medicare Notice**

Dr. Jordan is **not** a Medicare provider; therefore, your payment is due at the time services are provided. Any claims submitted will have to be sent by the patient; payment reimbursement is not guaranteed and is subject to Medicare eligibility/reimbursement rules and regulations.

## **Patient Acknowledgement**

My physician, and/or staff have informed me, that he or she believes services provided will likely be denied by Medicare for reasons stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

# Membership Agreement

Fort Worth Functional Medicine offers an **optional** annual membership for patients that are interested. Patients that may find this beneficial may have numerous and/or complicated medical concerns and expect multiple follow up appointments to fully address these concerns. The membership is not required to be a patient at Fort Worth Functional Medicine and patients may choose to forego the membership and choose to pay for each appointment separately.

To be enrolled in the membership, the patient must commit to a 12-month contract. The patient's credit card will be **billed monthly for \$66**. The annual membership will include an initial visit and three follow up visits within 12 months' time. Acute care visits are **not** covered under the membership and would need to be paid for separately at the time of the visit.

If a patient, who is enrolled in the membership, requires additional visits beyond the four included in the membership the additional visits would be subject to individual pricing and paid for separately at the time of the visit.

After the 12 months have completed the patient will have the choice to renew the agreement or forego the membership plan.

I understand the above information regarding the terms of the membership agreement at Fort Worth Functional Medicine and I choose to enroll in the membership for 12 months and agree to have my credit card billed \$66 monthly.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Integrative and Complementary Medicine Disclosure and Consent

I understand that Dr. Jordan at Fort Worth Functional Medicine may opt to:

- Perform non-standard-of-care testing such as saliva hormone level testing, hair analysis, or urine tests for heavy metals or iodine.
- Implement non-standard-of-care treatment such as bioidentical hormone replacement therapy (BHRT), nutritional therapy/counseling, or chelation.

I also understand that just as there may be risks and hazards in continuing my present condition with or without conventional medicine treatment, there are also risks and hazards related to the performance of integrative and complementary medicine.

I understand that no warranty or guarantee has been made to me as a result of care.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient/Legally Responsible Person Signature:** \_\_\_\_\_