



Patient Acceptance Policy
Functional Medicine LEVEL 1 & 2 patients

**PLEASE RETURN THIS FORM
THREE WEEKS PRIOR TO YOUR
INITIAL APPOINTMENT!**

Name (last, first) _____ Date: _____

Address _____

City, State, Zip _____

Phone (home) _____ Phone (cell) _____ Email _____

Sex ____ Age ____ Date of Birth _____ Spouse/Partner's Name _____

Children (ages, names) _____

Occupation _____ Employer/School _____

Whom may we thank for referring you to our office? _____

In order to best serve you, the *Patient Acceptance Policy* should be carefully reviewed. It is Dr. Fenske's opinion that you should be well informed on our expectations and clinical procedures. To prevent any misunderstandings or confusion on what to expect, Dr. Fenske would appreciate that you read the below steps and provide your signature. This would simply imply that you have read the *Patient Acceptance Policy* and understand what is expected of you.

PRIOR TO FIRST APPOINTMENT:

- 1. Completion of the following forms:** Patient Acceptance Policy, Patient Health History, Diet Diary, Request for Records (see below). These forms were developed to gather important information about your body. They will help Dr. Fenske more quickly "zero" in on the probable causes of your health problems. It is **VERY** important for you to carefully and thoroughly complete all of these forms prior to your first consultation with Dr. Fenske.
- 2. Lab Reports:** If you have had any labs done over the past two years please complete the Request for Medical Records form and get it to us within 2 days of scheduling your initial appointment. This will allow Dr Fenske to obtain and review your lab reports prior to your appointment. **Please email, fax, or mail the form to our office within 2 days so we can submit it.**

FIRST APPOINTMENT:

- 3.** At your initial appointment Dr. Fenske will review your case with you. The cost for the 60-minute appointment as well as Dr. Fenske's time for studying your forms / lab reports is **\$200 - \$300***.
- 4.** Based on your medical history, available labs and initial consultation, it may be necessary to order additional **laboratory tests**. You will be presented with detailed information on the specific tests recommended. The cost for your initial laboratory tests will be discussed at that time.

LAB RESULTS REVIEW:

- 5.** The time it takes to receive the results of your tests varies based on individual test processing time as well as on when you choose to initiate the test. When results are available our staff will call to schedule your second appointment. The fee for this second appointment is typically **\$250 to \$400* for approximately 30 to 60 minutes**. Dr. Fenske will present recommendations at this appointment. Your recommendations may consist of personalized **dietary and lifestyle changes** as well as **nutritional supplements**.

*Fees are subject to change without written notice. Contact our office for most up-to-date pricing.

6. After this second appointment, you may meet with our **Health Coach** to discuss implementation of specific diet recommendations.

FOLLOW-UP APPOINTMENTS:

7. If necessary, follow-up consultations will be scheduled every **3, 6 or 12 weeks** allowing you the opportunity to discuss your progress and any concerns with Dr. Fenske. Dr. Fenske will at this time determine what direction to take to help you continue your progress. Your cooperation in taking “**personal responsibility**” in your health care will go a long way in getting better. Consultations may be conducted either by phone, video or in person at our office. The fee for follow-up consultations is based on the time required for the appointment (typically **\$150 to \$300***).
8. **Abnormal laboratory tests** will need to be re-evaluated. The success of your treatment will not only be measured on the reduction or elimination of your physical symptoms, but on abnormal laboratory tests returning to a normal status. Laboratory fees can vary depending on what needs to be re-tested.

Our goal at Fenske Holistic Healthcare Center LLC is to provide high quality, personal service that is responsive to the healthcare needs of our patients. We require **payment for services at the time they are provided**. Insurance companies do not cover Functional Medicine consultations, nutritional supplements, or preventative lab services. Any specific questions you may have about coverage for our services should be directed to your insurance provider. Note: prices are subject to change without notice, the duration of each visit is approximate, and 24-hour notice is required to cancel an appointment without incurring a charge. Prices not only reflect the time spent with each patient but also the time studying your case between visits and the advanced training, expertise, and effort required to treat complex health conditions. We accept payment by cash, check, or credit card (Mastercard, Visa, Discover, American Express).

I have read and fully understand the **Patient Acceptance Policy**.

Patient (Parent/Guardian) Signature

Date

*(The signature of Parent/Guardian hereby authorizes
Dr. Nicole Fenske to provide care for the minor child listed as Patient).*