



The Pain & Brain Healing Center

Dr. G. FORS, DC, Board-certified Neurologist (IBCN)
1400 131st Ave NE Blaine, MN 55449- **763.862.7100**

Dear New Patient:

Welcome to the **Pain & Brain Healing Center!** Whether you are just beginning your journey every healing for your child and 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, such as “autism or ADHD” only 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 child's neurobiology. This allows us to design a natural biomedical approach specific to your child's healing. To accomplish this we must have a very comprehensive history of your child's health, therefore a great deal of time will be spent gathering and reviewing this vital information. To facilitate this process we utilize different detailed questionnaires. The following enclosed information is necessary in order for us to complete 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 prior to your scheduled first appointment. These forms may be faxed, e-mailed, and delivered or mailed if time allows; the originals to be brought with you.

- Pediatric Patient Initial Contact Form (return to office)
- Office Policies and Procedures (return to office)
- Credit Card Authorization (return to office)
- Acknowledgement of Privacy Practices (return to office)
- Pediatric Questionnaire (download from www.painandbrainhealingcenter.com and return to our office)

If you have copies of recent medical and laboratory reports, please provide them to our office at least one day prior to your appointment. If you cannot provide them prior to your appointment, you may bring them with you. Please don't hesitate to contact us should you have any questions. We look forward to assisting you.

Appointment Date _____ Time _____

Pain & Brain Healing Center

1400 131st Ave NE Blaine, MN 55449

763.862.7100- phone

– Fax

Revised 04/09

PEDIATRIC PATIENT INITIAL CONTACT FORM

Please provide your child's information

Name: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Country: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Child's Name: _____ Sex: _____ Age: _____

The initial consultation with your child and both parents will last for 1 hour. We strongly advise that both parents participate in the initial consultations. For children who have difficulty with long appointments or have severe behavioral issues we request that the primary care provider (mother, father or preferably both) come without the child on the first visit. At this consultation Dr. Fors will complete a comprehensive review of your child's medical care, health history and dietary intake. Your completed 25 page Peds Biomedical Health History form found on our website or mailed to you will be the basis for this consultation and must be completed before the visit.

Then on your second visit with your child, Dr. Fors will review your child's history, conduct a nutritional, physical, neurological examination and observe your child's interactions with you and us and with toys. At the conclusion of this visit recommendations will be made for blood, urine, stool and/or other testing necessary to pinpoint the underlying causes of your child's injured nervous system. Also Dr. Fors will outline a plan of action for your child's healing. For older cooperative children and adolescents this entire process can many times be completed in the first visit with the child present.

The first follow-up consultation will be scheduled with Dr. Fors with in the week of the first visit, and will run for 30 minutes to 1 hour. This will focus on a report on the initial consultations findings including history, exam and recommended laboratory testing. He will discuss how he sees your child's history and development as it pertains to a biomedical approach to real healing of your child's injured nervous system. Further recommendations will be made for other testing necessary to pinpoint the underlying causes of your child's injured nervous system. Also, Dr. Fors will outline a plan of action for your child's healing.

On your second follow-up consultation you will then be presented with a more detailed treatment plan, and it will run for approximately 30 minutes. Your detailed plan may include recommendations for new therapies or changes to existing therapies, blood, urine, stool and/or other testing, the use of supplements, herbs and possible dietary changes with supporting menu resources. Further care for your child by Dr. Fors will be discussed at this time.

Areas of your child's health evaluation and treatment will include:

- Special Dietary Needs
- Digestion
- Absorption
- Nutritional Deficiencies
- Detoxification (to include heavy metals)
- Immune Dysfunction
- Yeast and Bacteria Overgrowth

Please sign below to indicate that you:

- Understand what the process for assessment and examination of your child involves
- Want to be evaluated by Dr. Greg Fors and become a part of the practice

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Office Policies and Procedures

Hours: (By appointment ONLY)

- Monday: 10AM–7PM
- Wednesday: 10AM–7PM
- Friday: 10AM–7PM

Consultation Fees, Test Kits, and In-Office Therapies:

We offer a cash discount to patients paying in full. We accept Cash, Check, MasterCard, and Visa. For patients needing a payment plan we accept CareCredit (see below).

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

CareCredit:

CareCredit (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.

Appointments:

- Payment is due at the time of your consultation. Methods of payment are: Cash, Visa, MasterCard, Discover, CareCredit, and check.
- First appointment: All initial paperwork must be completed, signed, and received by our office prior to your scheduled appointment. You may fax, e-mail, hand-deliver or mail if time allows these forms, but if faxed or e-mailed the originals will need to be delivered to the clinic.
- First appointment: If paying by check for a phone consultation, include the check with your mailed paperwork.
- Follow-up consults may be scheduled in 15, 30, 45, or 60-minute blocks of time.
- All follow-up consultations are charged for the actual time used, not the time blocked.
- Patients who forget their appointment or don't cancel with appropriate notice will be required to pay for the missed visit. See the cancellation policy below. Please understand that a missed appointment could have gone to a patient on the waiting list.
- Consultations with other healthcare providers and/or any research requested by the patient are billable services and will be charged at the hourly rate.
- Scheduled consultations that include review of lab tests require that laboratory test results be received at least 24 hours prior to appointment.

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

Medical letters to schools, 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

Office Consultations:

- Please check in 5 minutes before your scheduled appointment
- Patients who are late may lose part of their time, and may be billed at the rate of the scheduled appointment, no-shows will be billed for the missed appointment.
- Please do not wear any scented products, as many of our patients are chemically sensitive. These include lotions, cologne, perfume, hair spray, etc.

Questions and Follow-up:

Please Note: We try to accommodate questions regarding treatment clarification at no charge. Simply put, if you have a quick question about a supplement or diagnostic test we recommended or a therapy reaction you may be experiencing, **then by all means you must contact us.** However, if the response to a question you submit requires doctor research and/or review, you may be billed for the time involved at the doctor's hourly rate.

Please direct e-mails, faxes or letters regarding you or your child's care to the Center's administrative assistants (info@painandbrainhealingcenter.com). Questions must be brief and concise. The office staff and/or clinic physicians will determine if a phone or office consult is needed to answer your question(s). Otherwise, a member of our office staff will respond to your inquiry. When leaving a voicemail message, please be brief and concise and always include your name and phone number, including the area code.

Follow-Up Consultations and Treatment Visits:

The actual number of follow-up consultation and/or treatment visits will be based on the results of your history, test results and examination findings.

Phone Consultations:

There is no price difference for phone consultations. Each phone consultation is treated like any other consultation – the time spent with your doctor is the same whether it is in person (in the office) or over the phone. The phone consultation is for the patient's convenience. If you would rather have an office consultation then let the office staff know your preference.

Your doctor will call you at the time of your scheduled phone consultation.

Cancellations:

As part of our continued effort to provide you with the very best care and to accommodate all appointment requests, we are requiring valid credit card information on file to reserve your time with our clinician. Our clinician meticulously prepares for each appointment prior to the time of your appointment. This ensures that we achieve the high standard of care and treatment we pride ourselves on. All services are provided by appointment only and this scheduled time is reserved for your exclusive use. The cancellation policy differs by the type of appointment, as documented below.

Cancellation of an Initial Consult: All new patient appointments must be canceled 7 days prior to your scheduled appointment. Appointments not cancelled within 7 days of the scheduled appointment will be billed at 50% of the standard initial consultation fee. 25% of the fees paid for non-cancellation of an initial consultation may be applied to a rescheduled initial consultation.

Follow-up Appointment Cancellation: We require 48 hours notice for follow-up consultations, which includes office visits or telephone consults with any of our clinicians. Appointments not cancelled within 48 hours of the scheduled appointment will be billed at 50% of the standard fee for the follow-up service. Fees for non-cancellation of follow-up appointments are nonrefundable and may not be used as credit to a future consultation or procedure.

To cancel an appointment, please call us at 763-862-7100. All cancellations must be stated via telephone. If you cannot reach us in person by phone, you can leave a detailed voicemail message with your name, patient's name, date and time of your scheduled appointment. In the case of a true medical emergency or an act of God (natural disaster) our cancellation policy does not apply but may require documentation in writing.

Payment:

- Payment is due at the time of your consultation. Methods of payment are: Cash, check, Visa, MasterCard, Discover and CareCredit.
- If paying by check for a phone consultation, include the check with your mailed paperwork.
- If you are unable to pay by credit card, a check must be provided prior to your appointment in the amount due for the scheduled time.

Insurance:

A “Superbill” receipt (form detailing diagnostic codes and fees) can be provided to you for laboratory tests. This receipt can be submitted to your insurance carrier for reimbursement. Some services may not be covered by certain health insurance plans. It is your responsibility to know what your insurance plan covers. 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.

Pain & Brain Healing Center practitioners are non-participating Medicare, Champus, and Tri-Care providers. They can treat these patients who privately contract outside of these programs on a cash basis only. Standard receipts can be provided. However, diagnostic code receipts called “Superbills” cannot be provided as these organizations will not allow for patient reimbursement. There is a waiver in the office titled “Patient Private Contract” that must be completed if you are a member with the above insurance plans.

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: _____