



# FORT WAYNE INTEGRATIVE MEDICINE

## **Welcome to Fort Wayne Integrative Medicine**

Welcome to Fort Wayne Integrative Medicine and thank you for choosing us as your medical provider. We look forward to helping you achieve your health goals and maximizing your quality of life through optimal health and wellness.

### **Vishaal Veerula, MD, ABIM, ABIHM:**

Board-certified in Internal and Integrative Medicine, Dr. Veerula serves both Fort Wayne and the surrounding communities. He is the lead physician at Fort Wayne Integrative Medicine and is uniquely trained to combine integrative protocols in order to treat his patients. Above all, each patient is treated as a whole person rather than a collection of symptoms. In addition, Dr. Veerula has worked as a Hospitalist, Hospice Physician and Medical Director for several skilled nursing facilities. This has given Dr. Veerula an extensive background that benefits his patients who have diverse needs.

### **Erin Peer, NP:**

Erin has extensive knowledge of the nursing field, both as an Adjunct Instructor at St. Francis University and as a practicing Nurse Practitioner. Here at Ft. Wayne Integrative Medicine her focus will include primary care, integrative medicine and chronic care management. Having worked in both a university setting and family practice, it has given her a broader perspective when treating her patients.

### **Susan Julian, NP:**

Susan has extensive knowledge of the medical field. Her focus in our office will include gut health, women's health and hormones and chronic care management, just to name a few. Experience in both hospital and family practice settings has given her a wide knowledge base which benefits her patients.

Let's get started on your journey to a healthier you



# FORT WAYNE INTEGRATIVE MEDICINE

## Pre-appointment check-in

### Telemedicine or Telephone Appointments

All Telemedicine appointments are conducted via HIPAA compliant video conferencing. If a patient experiences difficulty logging in or does not have video conference access, the appointment will be conducted via telephone.

The Medical Assistant will contact the patient up to 60 minutes prior to each appointment to obtain medical history.

Please call or email our office for assistance if experiencing difficulty.

### In-Person Appointments

Patients must arrive 30 min prior to in-person appointment in order to complete the check-in process. Late arrival will shorten your appointment time.

### Supplements and Medications

It is the patient's responsibility to provide accurate and up-to-date medication and supplement lists prior to each appointment. There is a form on our website if you would like to submit this information electronically. This is a requirement for each appointment.

Patient forms are located at [www.fwimed.com](http://www.fwimed.com) under the Patient Forms tab. It is recommended all forms be completed online if possible. All forms are to be completed and submitted 72 hours prior to appointment.

Telephone: 260-999-6924

Fax: 260-222-2844

Email: [fwimed@gmail.com](mailto:fwimed@gmail.com)

Mail: 7802 W. Jefferson Blvd. Ste. B  
Fort Wayne, IN 46804

Thank you FWIM Staff



# FORT WAYNE INTEGRATIVE MEDICINE

Please read the following carefully:

- |  |
|--|
| 1. Please complete and submit paperwork at least <u>72hrs prior</u> to your appointment or the appointment will be rescheduled.  |
| 2. Patient's medical history will be reviewed by a Medical Assistant prior to each telemedicine or in-person appointment.  |
| 3. All 30 min. appointments will consist of 20 mins of clinical time with the provider and 10 mins of charting time. All 60 min. appointments will consist of 50 mins of clinical time with the provider and 10 mins of charting time. |
| 4. After each appointment, the patient will receive an individualized treatment plan for reference as well as a Superbill to file for reimbursement from insurance.  |
| 5. \$100 deposit required at time of scheduling new patient appointments and the balance due prior to your appointment.  |

Patient Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F / Prefer not to answer

Marital Status: Married / Single / Widowed

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I consent to email correspondence (Please initial): \_\_\_\_ YES \_\_\_\_ NO

What is your preferred pharmacy and location? \_\_\_\_\_

Emergency Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

How did you hear about our practice? \_\_\_\_ Clinic website \_\_\_\_ Doctor referral

\_\_\_\_ Family member \_\_\_\_ Social Media \_\_\_\_ Referral \_\_\_\_ Other: \_\_\_\_\_

## Current Health Concerns

Please rank current and ongoing health concerns in order of priority

Description of problem	Mild	Moderate	Severe	Prior Treatment approach/outcome	Excellent	Good	Fair
Example: eczema		x		Steroid cream			x
1.							
2.							
3.							
4.							
5.							

Date of last physical: \_\_\_\_\_

How many hours of sleep do you get each night on average? \_\_\_\_\_

Do you have trouble falling asleep? Yes No

Do you have trouble staying asleep? Yes No

Do you currently exercise? Yes No

If yes, how frequently do you exercise? \_\_\_\_\_

Are there any problems that limit exercise? Yes No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you follow any special diets or nutritional programs? (vegan, vegetarian, gluten free, high protein, etc.) Circle one Yes No

If yes, explain: \_\_\_\_\_

How many servings of fruit per day? (Equivalent to a small apple) 0 1 2 3 4+

How many servings of vegetables per day? (Serving = 1 cup) 0 1 2 3 4+

How many days per week do you consume dairy products?(Milk/Cheese/Butter-goat or cow based)

Circle one: None 2 days 4 days Daily

How many days per week do you consume gluten products? (Wheat/ Barley/ Rye)

Circle one: None 2 days 4 days Daily

How often do you consume animal proteins? (Eggs/ Chicken/ Beef/ Fish)

Circle one: More than 1 meal daily Once daily Less than 3 meals a week

How many glasses of water do you drink per day? 0 1-2 3-4 5-6 7-8 8+

How many cans of soda/sweet drinks do you drink per day? 0-1 2-3 3+

How many alcoholic drinks per week? 0 1-2 3-4 5-6 7-8 8+

Do you currently use tobacco products? Yes No

If yes, what kind?\_\_\_\_\_

Check if you have had any of the following:

Silver mercury filling  Gold filling  Root canal  Implant  Caps/crowns

Tooth pain  Bleeding gums  Gingivitis

Have you had any mercury fillings removed? Yes No

If yes, when?\_\_\_\_\_

Are you experiencing any current gut issues? Yes No

If yes, circle all that apply: Constipation Nausea Vomiting Diarrhea Indigestion

Other:\_\_\_\_\_

Do you currently take any probiotics? Yes No

Have you had any tick bites or exposure to ticks? Yes No

If yes, when?\_\_\_\_\_

**Past Hospitalizations/Surgeries:**

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**Health History (Including any ongoing/chronic conditions):**

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**Immediate Family Medical History:**

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**Medications/Supplements (please provide dosage if possible):**

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**Please list any known allergies (Drug/Food/Environmental):**

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**Any additional chronic issues you would like to discuss:**

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If you are given a lab order for blood work, please check with your insurance for coverage. It is your responsibility to know where your insurance best covers lab costs. We order more extensive labs so the coverage may be different than what you may be used to. Our routine labs take 2 weeks for results. Test kits may take up to 4 weeks. Please be sure to get any testing done in a timely manner.

If you have a high deductible or no lab coverage with your insurance, we offer self pay pricing through Pathology Laboratories. These are discounted rates that are not filed with insurance and are to be paid directly to our office prior to any lab services. Please ask a receptionist for details.

**Lab results:** Lab results will be reviewed at your next appointment unless explicitly told otherwise. If your provider feels it is important to reach out to you regarding your results prior to your appointment, they will do so. Due to the nature of our practice, there is no time to call patients with routine results between appointments. We appreciate your understanding.

**Please initial the following:**

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

X\_\_\_\_\_ I authorize the release of any medical information to specialty providers and offices necessary to further my treatment through referrals. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered valid as an original. I understand that holistic treatments are not a substitute for medical diagnosis and treatment, and no medical claims are made regarding these treatments.

**FINANCIAL AGREEMENT**

X\_\_\_\_\_ All FWIM account balances are due at the time of service. Deposits are required to schedule any and all appointments - \$100 for new patient appointments, \$50 for all follow up appointments and procedures. Medication refills and focused email correspondence will incur a \$50 charge for services rendered. Email correspondence is subject to no more than 2 exchanges per focused topic or request. More in depth requests may require an appointment with a provider.

**CONSENT TO CARE**

X\_\_\_\_\_ I request and give consent to Dr.Veerula, the nurse practitioners, their associates and assistants who may provide me medical care to perform such medical-surgical care, tests, procedures, and other necessary services as well as provide drugs and supplies as they consider necessary or beneficial for my health and well-being. I acknowledge that no representations, warranties or guarantees as to the results or cures have been made to me or relied upon by me. In addition, I understand there may be adverse effects or complications from some treatments/procedures/drugs, etc.

**NO SHOW/CANCELLATION POLICY:**

When you make an appointment, we are reserving time in our clinician’s schedule that is no longer available to other patients. If you are unable to make it to an appointment, FWIM requires that you cancel (or re-schedule) your appointment at least 72 hrs prior to your scheduled appointment time. Deposits can be transferred to timely rescheduled appointments up to two times. If you cancel or reschedule within 72hrs or are considered a no-show, your deposit is forfeited as a no-show/cancellation fee. Breach of this policy on three or more than three consecutive occasions can be grounds for discharge from the clinic. Note that the cancellation fee may be waived in special circumstances, determined on an individual basis (eg: medical emergency, patients may be asked to provide documentation for the same).

**PRE-APPOINTMENT CHECK IN POLICY:**

If your appointment is scheduled for telemedicine, our staff will attempt to call you TWO times and email you starting 30-60 minutes prior to your scheduled appointment. This call is necessary to review medications, the purpose of the appointment, review of symptoms, and confirm that your video link works. If we cannot contact you and do not hear back from you prior to your scheduled appointment time, your appointment will be cancelled and you will be considered a no show.

**Signature of Responsible Party:**

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





# FORT WAYNE INTEGRATIVE MEDICINE

## HIPAA PRIVACY RECEIPT ACKNOWLEDGEMENT

Fort Wayne Integrative Medicine Notice of Privacy Practices has been offered to me. I understand I have the right to review the Notice of Privacy Practices prior to signing this document and by signing this document, acknowledge only that I have been offered the Notice of Privacy Practices or have declined the offer.

Fort Wayne Integrative Medicine reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

ACCEPT NOTICE

DECLINE NOTICE

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Patient's DOB

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Description of Personal Reps. Authority

I authorize the following person(s) minimal access (does not include copies of medical records) to my protected health information (PHI)

Name:

Date of Birth:

Phone Number:

\_\_\_\_\_

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\_\_\_\_\_

I further authorize Fort Wayne Integrative Medicine to communicate with me electronically through e-mail at the following e-mail address: \_\_\_\_\_

**I understand that this e-mail communication is not secured by encrypted therefore is not considered a secured or private communication. Fort Wayne Integrative Medicine will not be held responsible for further disclosure of your information sent via unencrypted e-mail.**

Patient's signature: \_\_\_\_\_

For authorization of e-mail communications.



# FORT WAYNE INTEGRATIVE MEDICINE

## Terms & Conditions

### Initial and submit 72 hours prior to appointment

1. \_\_\_ All Health Coach visits are \$70.00 (1 hr.) and will be conducted via telemedicine or telephone.
2. \_\_\_ Group visits will be held with a minimum of 5 participants. If the minimum is not met, the group visit will be rescheduled. No follow-up communication after the Group Visit is provided.
3. \_\_\_ Primary Care is with the Physician only (Vishaal Veerula MD). The initial office visit fee is \$200.00 (30 min.) and focused only on Primary Care. Follow-up visits will be \$75.00 (30 min). Integrative Medicine care will require a separate office visit.
4. \_\_\_ Integrative Nurse Practitioner's initial office visit is \$200.00 (1 hr.) Follow-up visits will be charged \$90.00 (30 min.) or \$180 (1 hr.)
5. \_\_\_ An Integrative Physician's initial office visit is \$325.00 (1 hr.) Follow-up visits will be \$300.00 (1 hr.)
6. \_\_\_ Email visits \$50.00 are single focus (thyroid, brief labs, LDN, medication refills, etc.) Email visits are subject to no more than 2 exchanges each by patient and Provider. More than 2 exchanges will require an office or telemedicine visit.
7. \_\_\_ All provider appointments that are 30 min will consist of 20 min in clinical time spent with the provider and 10 min of charting time. Appointments that are 60 min in length will be 50 min of clinical time spent with the provider and 10 min of charting time.
8. \_\_\_ Provider visits can be scheduled as in-office or telemedicine visits based on patient requests. Excluding Health Coach, see above.
9. \_\_\_ After each appointment, the patient will receive an individualized treatment plan for reference.
10. \_\_\_ Medical history will be reviewed by the Medical Assistant prior to each Telemedicine or in-person appointment. The Medical Assistant will attempt to contact the patient with two phone calls and one email for telemedicine appointments. If the patient is unavailable they will forfeit their deposit. In-office patients must arrive 20-30 minutes prior to their appointment time.
11. \_\_\_ All Provider communication is available only during regular business hours via email/phone/patient portal. Correspondence is intended for brief questions regarding your plan. Any detailed questions will require an office visit.
12. \_\_\_ An existing patient is defined as visiting the office within a 2-year (24 mos.) timeframe. Anything outside of 2-years (24 mos.) will be considered as a new patient and requires an initial office visit with either provider at the listed rate.
13. \_\_\_ Deposit of \$100 must be made at the time of scheduling. Follow-up appointments require a \$50 deposit. Reimbursement for scheduled office visits is available if canceled prior to 72hrs. of appointment time. Balance due at time of appointment.
14. Please refer to our BHRT information price list at [FWIMED.com](http://FWIMED.com). BHRT pellet therapy pricing may vary based on dosage. A superbill will be provided per patient request for out-of-network insurance billing for office visits and BHRT pellet therapy. Pellet therapy patients paying cash (only) will receive a \$50.00 discount with no Superbill provided. This discount does not apply to credit card or check payments. If a Superbill is needed, pellet pricing will remain at the listed price and no discount will apply.
15. Interest accrues at the rate of 1% per month for any amounts remaining unpaid for more than ninety (90) days following the date of the service. Additional charges for returned checks (\$25.00 per check) will be invoiced to the patient and are due prior to the next appointment.



## FORT WAYNE INTEGRATIVE MEDICINE

### **Primary Care vs. Integrative Medicine**

This handout is meant to help our patients clearly differentiate the types of care we offer. Please contact our office if you have additional questions or would like assistance clarifying which appointment type would best suit your healthcare needs.

#### **Primary Care:**

Many patients are familiar with the Primary Care model of medicine. This practice focuses on a wide variety of chronic illnesses and disease management. Targeted parts of Primary Care include routine medication refills, basic health maintenance, acute illness treatment (cough, cold, etc.), routine lab reviews, physicals, and FMLA/disability forms.

#### **Integrative Medicine:**

This form of practice is more education based so our providers and patients work side-by-side to address the root cause of symptoms and illnesses. Integrative Medicine combines conventional and alternative medicine to treat the whole person. We are able to use a wide variety of testing and treatments including bioidentical hormone replacement (BHRT), Low-Dose Naltrexone, speciality kit testing, in-depth supplement reviews, genetic testing, mold exposure, and biotoxin testing and treatment.



# FORT WAYNE INTEGRATIVE MEDICINE

## **What services do we offer?**

### **Blood work:**

After your first appointment, we will order a series of lab tests that are more in depth than traditional medicine. These tests check thyroid levels, inflammation, vitamins levels and hormones. This will give us a more comprehensive view of your overall health.

### **Specialty testing:**

For ongoing conditions, it may be beneficial to consider using specialty test kits. We have many comprehensive tests available to check gut health, adrenal function, hormones, and nutrient levels

### **Cancer co-management:**

We will work with your oncologist and the plan they have for your cancer treatment. This includes lifestyle, stress, sleep, nutrition and exercise to help you maintain your strongest self during treatment, so you can better fight off your disease.

### **IV infusion and injection therapy:**

After reviewing blood work, it may be beneficial to start IV infusions or vitamin injections to balance any deficiencies. We offer many IV infusions to suit each patient's needs, and each infusion takes approximately 1 hour. Infusions can help reduce anxiety, fatigue, dehydration, as well as replenish vitamins, minerals and amino acids.