

Bio Energy Medical Center

4201 Varsity Drive, Suite A

Ann Arbor, MI 48108

734-995-3200

Welcome to Bio Energy Medical Center! We have enclosed some information about our clinic along with our new patient paperwork. We ask that you complete this paperwork **PRIOR** to your appointment and bring it with you to your appointment on _____ with _____. We will collect it upon your arrival along with a copy of your insurance card and photo ID, **if** billing insurance. We kindly ask that you arrive at least 15-20 minutes early to your appointment to allow us time to complete your chart before seeing the practitioner. We run a tight ship and try to see our patients within a few minutes of their scheduled time. We do not double or triple book our patients.

At Bio Energy Medical Center, we use natural remedies such as acupuncture, vitamin and nutritional support, homeopathy, herbal medicines, therapeutic diets, and lifestyle modification to treat the underlying causes of illness, rather than simply treating various symptoms. We only use pharmaceuticals when clearly needed. We believe that your manifestation of wellness or illness is caused by the unique way in which your individual biochemical and genetic makeup interacts with everything to which you are exposed – from the food you eat, to the air you breathe, to the water you drink, to the environmental pollutants and toxins you absorb, to the thoughts you think. Many medications only treat and suppress symptoms without addressing underlying causes. Using an integrative approach to your health concerns, we strive to understand the root cause(s) of your condition(s) and correct any underlying biochemical imbalances to ultimately heal.

We believe that the time spent with our patients is one of the most important aspects of our care. We are able to spend the time necessary to understand your unique physical, emotional, psychological, social, and spiritual needs. Treatment plans are carefully devised to meet your unique needs, and thorough follow-up is ensured through office visits or telephone consultations. Treatment plans are guided by a thorough and comprehensive history, and review of pertinent blood, urine, stool, or other testing. Please allow an additional 30 minutes for discharge and instructions.

Due to the length of the appointment time with our providers, we will **need to confirm your appointment with you at least 48 hours before the appointment**. If we are not able to confirm, we will cancel; and you will need to reschedule.

Finally, please remember *in this office*, appointments are reserved *exclusively for you*. By not providing us with a 24 hour's-notice, or not showing up for your appointment, this time is not filled by anyone. Our policy on broken appointments is as follows:

For Dr. Neuenschwander, two business days' notice required or 100% of the fee for that appointment will be charged. For our other providers, if an appointment is broken without at least one full business day, there will be a charge of 50% of the fee for that appointment. You will need to pay this fee before rescheduling. We look forward to meeting your needs and helping you on your journey to optimal health.

Thanks again for choosing our practice. Look for more information on our office on the web at www.bioenergymedicalcenter.com where you will find a map and driving directions.

Due to chemical sensitivities and allergies of some of our patients, we kindly request that you refrain from the use of perfumes, fragrances, and aftershaves during your visits to the office.

Bio Energy Medical Center, PC

Please print clearly in blue or black ink

Please give this to the front desk receptionist when checking in for your visit

Patient's Information

Patient's Name: _____ Phone: () _____

Work Phone: () _____ Cell Phone: () _____

Email _____

Address: _____ City: _____ State: _____

Zip: _____

Date of Birth: _ ___ / ___ / ___ Social Security Number: _____ - _____ - _____

**If patient is a minor:* Parent/Guardian Name: _____

Relation: _____

Parent/Guardian SSN: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

How did you hear about BEMC? _____

How did you find our phone number? _____

Employer and Spouse Information

Employer: _____

Occupation: _____

Address: _____ City: _____ State: _____

Zip: _____

Spouse's Name: _____

Spouse's Employer: _____

Employer's Address: _____ City: _____

State: _____ Zip: _____

Emergency Contact

Emergency Contact Name and Relationship:

Emergency Contact: Phone Number: () _____

Alternate: () _____

Insurance Information (please give card/cards at front desk)

Subscriber's Name: _____

Relation: *Self* [] *Spouse* [] *Child* []

Insurance Company: _____

Subscriber's Date of Birth _____ Contract/ID Number _____

Policy/Group Number _____

MEDICAL HISTORY

Name: _____ Date of birth _____

Date: _____

Height: _____ Weight: _____

Are you currently under the care of a physician? _____

Physician's Name: _____ City: _____

State: _____

Dentist's Name: _____ City: _____

State: _____

Other Care Providers:

Are you currently being treated for any health problems?

Diagnosis and date:

What specific problem brought you to the center today?

Provide a brief description of symptoms, diagnoses received and current treatment methods:

What do you think caused your health problems?

Provide a brief description of childhood and adult illnesses and operations:

Operations: Date/Age: Type of Operation: Reason:

Childhood Illnesses:Date/Age:

Diagnosis:

Recovery:

Adult Illnesses: Date/Age:

Diagnosis:

Recovery:

Have you been immunized? _____ List immunizations:

Do you have allergic reactions to any medications? Indicate:

Medication:

Reaction:

Name: _____ Date of Birth: _____ Date: _____

SYMPTOM SURVEY

Please check the symptoms that describe your health now and in the past.

Symptom	No w	Pas t	Symptom	No w	Pas t	Symptom	No w	Pas t
Head Problems	[]	[]	Digestion Problems	[]	[]	Elimination Problems	[]	[]
Sinus	[]	[]	Weight Loss	[]	[]	Vomiting	[]	[]
Allergies/Hives	[]	[]	Weight Gain	[]	[]	Diarrhea	[]	[]
Hay Fever	[]	[]	Loss of Appetite	[]	[]	Constipation	[]	[]
Dizziness	[]	[]	High Blood Sugar	[]	[]	Yeast/Candida Infection	[]	[]
Visual Problems	[]	[]	Low Blood Sugar	[]	[]	Urinary Tract Problems	[]	[]
Hearing Problems	[]	[]	Abdominal Pain	[]	[]	Lymphatic System Problems	[]	[]
Taste Problems	[]	[]	Abdominal Spasms	[]	[]	Breast Problems	[]	[]
Speech Problems	[]	[]	Abdominal Bloating	[]	[]	Skin Problems	[]	[]
Throat Problems	[]	[]	Belching/Burping	[]	[]	Fluid Retention	[]	[]
Bronchitis	[]	[]	High Cholesterol	[]	[]	Congestion in: __Throat __Head __Lungs __Nose		
Asthma	[]	[]	Protein Digestion	[]	[]			
Emphysema	[]	[]	Carbohydrate Digestion	[]	[]			
Circulatory Problems	[]	[]	Fat Digestion	[]	[]	Mental/Emotional	[]	[]
High Blood Pressure	[]	[]	Reproductive Problems	[]	[]	Confusion	[]	[]
Low Blood Pressure	[]	[]	Menstrual Problems	[]	[]	Anxiety	[]	[]
Heart Problems	[]	[]	PMS	[]	[]	Irritability	[]	[]
Irregular Pulse Rate	[]	[]	Irregular Menses	[]	[]	Heaviness	[]	[]
Nerve Problems	[]	[]	Heavy Flow	[]	[]	Lightness	[]	[]
Touch Problems	[]	[]	Severe Pain	[]	[]	Loss of Concentration	[]	[]
Coordination Problems	[]	[]	Gynecological Problems	[]	[]	Loss of Memory	[]	[]
Movement	[]	[]	Obstetrical	[]	[]	Phobias/Fears	[]	[]

Problems			Problems					
Sensitive Hot&Cold	[]	[]	Aches/Pains/Stiff in:			Sleep Disorders	[]	[]
Pain in Spinal Cord	[]	[]	_Hands_Arms_Ne ck			Fatigue	[]	[]
Muscle / Tendon / Ligament	[]	[]	_Feet _Legs_Hips			Communication Problems	[]	[]

Name: _____ Date of Birth: _____

Current Major stressor/conflicts

Family: _____

Job: _____

Coping strategies/stress management techniques used?

Support systems? _____ Trusted confident (s)?

Average amount of sleep per night? _____ Any special diet?

Average servings of: vegetables per day? _____ Fruits per day?

Tobacco use/type/amount? _____ Alcohol use/how often?

How often & type of exercise/relaxation regimens?

SIGNIFICANT LIFE EVENTS

(Health, School, Relationships, Jobs, Births, Deaths, etc.)

Age 0-12 -

Age 13-24

Age 25-35

Age 36-45

Age 46-56

Age 55-65

Age 66+

Signature: _____ Date: _____

Informed Consent

The purpose of this consent is to document an understanding between the Bio Energy Medical Center, PC and its employees and its clients. By signing this document, the client understands and accepts the following points:

- Although Dr. Neuenschwander and Dr. Reese are Allopathic physician's, their treatment protocols include the sciences of Acupuncture, Homeopathy, and Naturopathic Medicine and are not considered the standard of medical care. The client agrees to accept the attendant risks associated with an alternative approach. Most clients coming here are looking for an alternative or integrative approach to their healthcare needs. Standard Allopathic services can be provided at the client's request. It is the client/patient's responsibility to inform the staff if they would like a standard of care approach to be used.
- Dr. Neuenschwander (medical director) is a medical doctor with substantial experience in alternative medicine and natural healing. While his recommendations are based upon the best of his knowledge, experience, and training as to safety and effectiveness, many of his recommendations have not been reviewed by the U.S. Food and Drug Administration. In addition, he uses approved treatments for "off label use" – uses for which they have not been approved. I understand that some of the treatments or recommendations may be considered unproven or experimental by third party payers or other health care providers.
- Patients are treated as individuals, not solely on the basis of their diagnostic grouping or by the "one size fits all" approach.
- Treatment at Bio Energy Medical Center involves a team approach; and the client understands that his/her case may be discussed at team meetings unless prior arrangements are made. As always, any information will be treated in a professional and confidential manner.
- To remain active and receive advice, lab interpretations, and/ or prescriptions, you **must be seen in our office at least once every six months.**
- Bio Energy Medical Center will submit insurance billing for some services and some providers. However, clients are ultimately responsible for any charges incurred. Unless other arrangements have been made, payment is expected at the time of service for the following: products, insurance co-pays and deductible payments, patients without insurance coverage, or insurance coverage that does not cover our services. Dr. Neuenschwander and Dr. Reese do not participate with any insurance plans. Medicare patients will need to privately contract with them and patients with commercial insurance plans will be given a detailed receipt they can submit for possible reimbursement.
- Information requested from an insurance company that may be needed to result in payment will be released.
- The client understands that certain treatments may not be covered or considered billable under his/her insurance plan. In this case, the client is responsible for payment.
- We are not set up to provide primary care. We request you establish or maintain a relationship with a primary care provider. We are happy to send a copy of your visit note to your care provider at your request. Please let our staff know at the time of your visit where you would like it sent.

- Dr. Neuenschwander may recommend and/or provide services for which he may not provide directly (IV therapy, supplement sales, products, etc.), other services provided at Bio Energy Medical Center by other providers, that he generates a profit from.

By signing this document, the client understands and agrees to its provisions.

Client/Guarantor: _____ Witness: _____

Date _____

Statement of Patient Financial Responsibility

Patient Name: _____ **DOB:** _____ **Date:** _____

Thank you for choosing Bio Energy Medical Center for your healthcare needs. The service/services you have elected to participate in imply a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our fees. For patients who have insurance, many of our providers accept most insurance; however, we **DO NOT participate with any HMO plans**. We currently participate with Medicare and Blue Cross/Blue Shield (except Dr. Neuenschwander, Dr. Reese, and Dr. Uma). If your plan provides out-of-network benefits, as a courtesy, we will bill your insurance carrier on your behalf for our nurse practitioner’s services. However, *you are ultimately responsible for payment of your bill. Please take time to become familiar with your benefits, particularly your deductible and co-pay responsibilities.* **Dr. Neuenschwander and Dr. Reese do not participate with any insurance plans**. Medicare patients must sign a private contract with Dr. Neuenschwander or Dr. Reese and agree to pay for his services without any reimbursement from Medicare. Patients seeing Dr. Neuenschwander or Dr. Reese with other commercial insurance coverage will be provided a receipt to submit to their insurance company for possible reimbursement. It is the responsibility of the patient to ensure that the insurance information, current address and phone numbers on file are current.

You are responsible for payment of any deductible and co-payment/co-insurance as determined by your contract with your insurance carrier **which is due at the time of service**. You are responsible for any amounts not covered by your insurer. If your insurance carrier denies any part of your claim, or if an insurance carrier has not paid within 90 days of billing, professional fees are due and payable in full from you. Non-covered services and patients without insurance coverage will require payment in full at the time services are provided. A **\$35.00 fee** is charged for any checks returned from your banking institution.

I have read and understand the above Policy, and I agree to the terms describe: **Initials** _____

Package Purchase Policy

Many of our non-billable services are needed on a regular or frequent basis. In an effort to help decrease costs, we offer packages at a discount rate. These packages are **non-refundable** should I choose to purchase one. Packages can be shared and are good for one year from the date of purchase.

I have read and understand the above Package Purchase Policy, and I agree to the terms describe: **Initials** _____

Cancellation / No Show / Late Arrival Policy

We kindly ask that you let us know **24 hours** in advance if you are unable to keep your appointment for all appointments except those with Dr. Neuenschwander (which require **a two business days’** notice). No-shows and same day cancellations will be **charged 50% of the fee, with the exception of IV therapy appointments and appointments with Dr. Neuenschwander, which are charged at 100% of the fees**. We respect your time and operate our business in a timely manner. We do not double book patients; and in consideration of other patients, we regret that late arrivals (greater than 10 minutes for a 30-minute visit and 20 minutes for a 60 minutes visit), will need to reschedule.

I have read and understand the above Policies, and I agree to the terms described: **Initials** _____

As a convenience to our patients, we offer for sale many of the most common supplements recommended. They are of high quality and offered at the standard retail price. We are not able to compete with large companies and websites who can buy in large bulk at deeper discounts. We encourage you to do your research on the quality of the products you purchase outside our

recommendations. Supplements, with the exception of probiotics, may be returned within 10 days, after purchase. After this time they **are non-refundable**. Probiotics are **non-refundable** due to their fragile properties.

I have read and understand the above Supplement Return Policy, and I agree to the terms described: **Initials**_____

I have read the above policies regarding my financial responsibility to Bio Energy Medical Center for the above-named patient. I authorize my insurer to pay the full amount (less deductible and co-payment/co-insurance) of charges incurred by the above-named patient directly to Bio Energy Medical Center.

Patient/Guarantor Signature _____ **Date** _____

Patient Medication/Supplement Log

Patient Name: _____ DOB: _____

Medication/Supplement	Brand	Dosage	Frequency	Date stopped

Date: _____

Frequently asked questions

How is Bio Energy Medical Center different from a conventional medical practice?

At BEMC, we spend the time needed to understand you and discover the root cause(s) of your health concerns. We offer longer visit times than a conventional practice. We never double book patients and set aside time specifically for you. Many conventional offices have a high patient volume with office visits often scheduled for only 5-10 minutes seeing 6-12 patients per hour. We schedule new patient visits for one to two hours and follow up visits for 30-60 minutes. We run our business with respect for your time and do not leave you sitting in the waiting room for long periods of time only to move you to an exam room to wait again.

We use a variety of complementary and alternative healing modalities and unique diagnostic testing which allows us to devise a therapeutic program that is individually tailored to your specific needs, rather than the one-size-fits-all approach that is commonly used in conventional medicine. Our ultimate goal is to facilitate your innate healing capacity and lead you to true wellness, rather than simply putting Band-Aids on symptoms.

What can I expect at my first visit?

If you are coming for a consultation for a particular health concern(s), your provider will carefully review your new patient questionnaire and any past medical records which you have provided. It is very important that you fill out your questionnaire thoroughly as this will maximize the time that you have with your provider.

The initial office visit is a comprehensive one-on-one consultation during which your provider will work to obtain a complete picture of your (or your child's) present condition, as well as review your medical history, past and current health concerns, nutrition, and lifestyle. After assessing your health needs, your provider may recommend dietary modifications, nutritional supplements, or additional testing which may be done through a conventional lab or a lab specializing in functional medicine testing. In general, the initial office visit takes one to one and a half hours.

How long is the wait to get an appointment?

The wait to see Dr. Neuenschwander generally runs three to six months; however, he does have a cancellation list that allows many patients to get in earlier to consult with him. He also works closely with Dr. Reese, our nurse practitioners, and/or Dr. Uma who may be able to get you started, if you would like, while waiting to consult with him. Our other providers can usually accommodate appointments within a few days.

How often do I need to be seen?

The first follow-up visit is generally scheduled for 4-6 weeks after the initial visit to review any lab work that has been performed, to assess your progress on your current therapeutic plan, and make adjustments as necessary. Subsequent follow-ups will be determined by your provider based on individual care needed. If you are taking any prescription medications or have blood work done, you will need to be seen at least every six months for follow up in our office.

Do I need to be seen by the doctor or nurse practitioner to use any of your services?

No. For many of our services, clients can simply schedule an appointment and come in for the service/services (acupuncture, homeopathy, footbaths, colonics, colon therapy,, massage therapy, and ear coning can be done without any medical oversight. Some of our services do require that you be seen and medical necessity or supervision is required (services that are billed to insurance, IV therapy, and medication therapy).

What type of testing do you do, and what is the cost?

Our testing is used to identify core clinical imbalances that are contributing to your health problems. Testing may be used to assess nutritional status, digestive health, amino acids, fatty acids, organic acids, oxidative stress, vitamin levels, hormones, detoxification capacity, mitochondrial function, food sensitivities, neurotransmitter levels, adrenal stress, in depth cholesterol testing based on the latest research, and heavy metal toxicity. Tests may be run on urine, stool, blood, or hair. Your therapeutic plan and nutritional supplementation will be customized based on the results of the testing you have performed.

Your provider will determine which tests may be most appropriate for you. Taking into account how much testing you would like to do and your financial resources, an individualized testing plan will be devised. The cost of tests varies significantly. Some tests can be run through a regular lab that is likely to be covered through your insurance company. Other testing may need to be run through specialized labs, some of which may be covered or partially covered by your insurance. Costs for individual tests range between \$62 and \$850. Testing can provide a more complete picture of your health status and help determine appropriate therapies; but effective care may be initiated without testing, and testing can be done gradually over time.

How much do consultations cost?

Our fees are very reasonable for the care you desire and deserve. The fee is determined on complexity, length of time, and severity of the condition. Our office visit fees range from \$110.00 to \$525.00. In general, the fees are on average \$250.00-350.00 per hour. We have an obligation to be profitable in order to remain open. We intentionally set our fees at a

reasonable level to make this office affordable. We encourage you to contact other offices to inquire what they charge for 30-60 minutes of time with their providers.

Part of our fee schedule is a no show fee/late cancellation fee (50%-100% of charges). We require two business days' notice for appointments with Dr. Neuenschwander and 24 hours for all other providers to avoid charges.

Do you accept insurance?

Yes. Many of our services can be submitted for insurance coverage if medically necessary and/or covered by your policy. Some policies may provide benefits for lab testing, acupuncture, ear coning, and consultations/office visits. We are currently contracted with Medicare and Blue Cross Blue Shield (BCBS) of Michigan traditional plans. Our nurse practitioners, are considered an in network provider for BCBS of Michigan PPO plans and Medicare. We may submit to other insurance plans that allow you to go out of their network; however, we do not accept their fee schedule. We do **not** accept any HMO plans. Dr. Neuenschwander and Dr. Reese do **not** accept any insurance plans.

Do you use nutritional supplementation? Where can I purchase recommended supplements?

Based on a thorough history of your health concerns, physical examination, and appropriate lab testing, your provider will determine a customized therapeutic plan for you. This may include nutritional supplements, herbal medicines, therapeutic diets, lifestyle modification, and medications when appropriate. Nutritional supplementation, customized to the individual needs of each patient, is often an important part of your treatment plan. Our providers continually research nutritional supplements to be able to provide our patients guidance about the highest quality supplementation available. Some of these supplements are available in local stores or on the web, while some are only available through practitioner offices. As a convenience to our patients, we offer for sale many of the most common supplements recommended. They are of high quality and offered at the standard retail price. We are not able to compete with large companies and websites who can buy in large bulk at deeper discounts. We encourage you to do your research on the quality of the products you purchase outside our recommendations. If you are running low on supplements you have

purchased at Bio Energy Medical Center, you may come by the office during normal business hours to pick them up; or we would be happy to ship them to you.

Can your doctors be my primary care doctor?

Most patients find their way here seeking a different approach to their chronic condition or seeking out preventative care measures they can take to decrease their risks of developing an illness or condition. In general, we require people to keep a relationship with a primary care doctor for the following reasons: Our physicians do not have a hospital practice/admitting privileges, are not available for urgent appointments, and we are not set up to do routine screenings or specialty referrals often found in the traditional world of medicine.

What kind of conditions do you treat?

We treat adults and children with many underlying medical conditions. We have found success in many areas where traditional medicine offers an approach that treats symptoms only. Some common conditions we see are: ADD/ADHD, Anxiety/depression/mood problems, Asthma, Autism, Autoimmune illnesses, Behavioral issues, Chronic constipation, Chronic fatigue, Developmental delay, Diabetes/Metabolic syndrome, Eczema, Food allergies, Gastro-intestinal disorders (IBD, IBS, etc.), Gluten intolerance/celiac disease, Heart Disease, Heavy metal/environmental toxicity, Hormone Imbalances, Multiple sclerosis, Pain, Parkinson's disease, Speech delay, Sensory integration disorders, Thyroid disorders, Weight issues, Women's Health, and many others. Contact our office for more information.

Updates to medical history

Name _____

Date of birth _____

I have reviewed my medical history and nothing has changed or the following has changed:

Signature

Date

I have reviewed my medical history and nothing has changed or the following has changed:

Signature

Date

I have reviewed my medical history and nothing has changed or the following has changed:

Signature

Date

