



NEURONUTRITION

ASSOCIATES

Consultation Services and Fees

The clinicians at Neuronutrition Associates are integrative and functional medicine clinicians. By shifting the traditional disease-centered focus of medical practice to a more patient-centered approach, we address the whole person, not just an isolated set of symptoms. We spend time with our patients, listen to their histories and evaluate the interactions among genetic, environmental, and lifestyle factors that can influence long-term health and complex, chronic disease. In this way, our clinic supports the unique expression of health and vitality for each individual.

We specialize in children with chronic conditions such as inattention, anxiety, depression, mood disturbances, learning disabilities, autism, developmental delays, abdominal/gut concerns, food intolerances, weight concerns, and poor growth.

Services may include:

- Comprehensive review of medical history, including lab work, clinical notes from previous providers, and trials of medications/supplements
- Baseline analysis of functional health status
 - Including environmental inputs, gut health, immune health, nutritional status, mind/body connection, and genetics
- Specialized laboratory investigations*
- Treatments may include combinations of drugs, botanical medicines, nutritional supplements, therapeutic diets, or detoxification programs. They may also include counseling on lifestyle modification, exercise, or stress-management techniques.
- Referrals and collaboration with other specialist such physical, occupational, and applied behavioral analysis therapies

*Laboratory investigations: Some labs may be filed and covered under your medical insurance; however, we cannot guarantee insurance coverage. Some specialized laboratory investigations do not take insurance and will be an out of pocket expense. We are able to offer reduced cash pricing that will guarantee the out of pocket cost for most testing. You can discuss with your clinician what labs your child may need and how to best proceed at your initial visit.

Payment and Fees:

Neuronutrition Associates does not accept medical insurance at this time. Instead of working for insurance companies where our practice would be restricted by short visit times and reimbursement for our patients remaining sick; we work for our patients, where our goal is to help them achieve and maintain their health. We will be glad to provide you with insurance billing codes and documentation so that you can file with your insurance independently if you wish to do so. We accept all major credit cards, cash, and checks, including FSA and HSA credit card accounts. Please make checks payable to Neuronutrition Associates.

Dr. Emily Gutierrez, DNP, CPNP, AFMCP (Functional Medicine in Clinical Practice)

\$360/60 minute Initial Functional Medicine Consult
\$150/30 minute Initial Preventative Wellness Consult (no vaccines)
\$180/30 minute follow-up visits
Phone Consults- \$90/15 minutes with a 15-minute minimum.

Jana Roso, MSN, CPNP, MAPS (Medical Academy of Pediatric Special Needs)

\$295/60 minute Initial Functional Medicine Consult
\$125/30 minute Initial Preventative Wellness Consult (no vaccines)
\$155/30 minute follow-up visits
Phone Consults: \$75/15 minute with a 15-minute minimum.

Cancellation/No show policy:

We understand that there are times when you must miss an appointment due to an emergency or obligation for work or family. However, we do request that you call 48 business hours in advance to notify us of your appointment cancellation. **If an appointment is not cancelled at least 48 business hours in advance, you will be charged a seventy five-dollar (\$75) fee to the credit card on file.** For scheduled appointments, we understand that delays can happen for various reasons. In order for us to keep our patients and providers on time for their scheduled appointments, you may be asked to reschedule if the patient arrives more than 15 minutes past their scheduled time. If an appointment has to be rescheduled for this reason, the seventy-five dollar (\$75) cancellation fee will apply. **If the patient does not show for a scheduled appointment without contacting our office, the full amount of the visit will be charged to the credit card on file.**

To schedule your consultation please call 512-599-8850 or you may email info@neuronutritionassociates.com.

Signature (Parent or Guardian)

Patient Name

Printed Name (Parent or Guardian)

Date



ACKNOWLEDGMENT RECEIPT: HIPAA NOTICE OF PRIVACY PRACTICES

In signing this form, you agree that you have received our Notice of Privacy Practices. This notice, among other points, explains how we plan to use and disclose your protected health information for the purposes of treatment, payment, and health care operations. This applies to the privacy practices of Neuronutrition Associates and all affiliated covered entities of Neuronutrition Associates issuing this notice.

You have the right to review our Notice of Privacy Practices prior to signing this form. It provides more detail on how we may use and disclose your information. The Notice of Privacy Practices may change. A current copy may be requested by contacting Neuronutrition Associates.

By signing this form, you acknowledge you have received our Notice of Privacy Practices and that Neuronutrition Associates and all affiliated covered entities can use and disclose your protected health information in accordance with HIPAA.

Signature (Parent or Guardian)

Patient Name

Printed Name (Parent or Guardian)

Date



Initial Consult Intake Form

Patient Information:

Date: _____

Patient's Name: _____

Does your child go by another name or have a nickname?: _____

Date of Birth: _____

Male or Female

Contact Information:

Parent/Guardian Name(s): _____

Cell Phone: _____

Voicemail: Yes No

Home Phone: _____

Voicemail: Yes No

Address: _____

E-mail Address: _____

Insurance Company: _____

Policy Number: _____

Insurance Phone Number: _____

Preferred Lab: _____

Pediatrician/Primary Care Provider:

Office Name: _____

Phone: _____

Fax: _____

Address: _____



Medical History

Current medications: _____

Current vitamins or supplements (please include brands and dose):

Any known supplement or medication allergies? _____

BRIEF PAST MEDICAL HISTORY

At how many weeks gestation was your child born? _____

Was your child's birth a natural or C-section delivery? _____

Where there any complications during pregnancy or during delivery? _____

Does your child have a history of colic, difficulties with feeds, or reflux? _____

If yes, was your child put on medications to address any of these issues? _____

Has your child received immunizations? _____

Is your child adopted? If so, from where? _____

Has your child had any major illnesses (including but not limited to: chronic strep throat, chronic ear infections, mono, influenza, etc.)? _____

Please list any prior hospitalizations or surgeries: _____

Did your child meet their developmental milestones? _____
Any concerns from their pediatrician? _____

PAST FAMILY MEDICAL HISTORY

Please list any significant family medical history (including siblings, parents, and grandparents): _____

Is there a family history of cancer? _____

Any history of celiac disease or gluten sensitivities? _____

Any autoimmune disorders such as Type I diabetes, thyroid disease, Lupus?

Are there any known genetic mutations or concerns with your child or in your family?
