



Consultation Services

Hello, and welcome to Neuronutrition Associates, the pediatric practice of Dr. Emily Gutierrez, DNP, CPNP and Jana Roso, MSN, CPNP! Here at NNA, we specialize in children with chronic conditions such as inattention, anxiety, mood disturbances, learning disabilities, autism, developmental delays, abdominal concerns, food intolerances, and much more!

Our providers are integrative and functional medicine practitioners that shift the disease-centered focal point of traditional medicine to a more patient-centered approach by addressing the whole person, not just an isolated set of symptoms.

During the initial consultation, our providers spend a significant amount of time with the patient and his or her parents/guardian, acquiring a thorough medical history and discussing active symptoms and concerns. This information allows the practitioner some insight on the interactions among genetic predispositions, environmental elements, and lifestyle practices that can influence long-term health and complex chronic diseases. At the end of the initial consultation, the provider will suggest one or multiple lab investigations that will provide some clues as to what could be the underlying cause of the patient's symptoms. Based on the patient's results, the provider will then create a plan of care exclusively tailored to the patient's lab interpretations.

Services may include:

- Comprehensive review of medical history
- Baseline analysis of functional health status
- Specialized laboratory investigations*
- Treatment plans (may include a combination of pharmaceutical drugs, botanical medicines, nutritional supplements, therapeutic diets, detoxification regimens)
- Referrals and collaboration with other specialists

***Refer to the Policies and Procedures document for a more detailed description.**

By signing my name below, I certify that I have read the above information.

Patient/Guardian Signature

Date

Dr. Emily Gutierrez, DNP, CPNP
Jana Roso, CPNP

6618 Sitio Del Rio Blvd, Suite D-102 Austin TX 78730
Office: (512) 599-8850 Fax: (512) 599-8777



Policies and Procedures

Please initial next to each statement indicating that you understand the following -

Payment and Provider Fees

_____Neuronutrition Associates does not accept insurance, so all consultations, lab investigations, and supplements are an out-of-pocket expense.

_____Payment is expected in full at the end of every visit. We accept all major credit cards and HSA/FSA cards, exact change (cash), and checks payable to Neuronutrition Associates. We do not accept CareCredit cards nor do we offer payment plans.

_____An active credit card must be kept on file at all times. We will not charge the card on file without your consent first.

_____At the end of every visit, we will provide you with a copy of your paid invoice that you may independently submit to insurance for reimbursement.

_____All communication with a provider outside of a scheduled visit must be conducted via the online patient portal. Messages for the provider exceeding 1-2 questions or with high complexity will be directed to schedule a follow-up appointment.

_____Portal messages are a \$25 fee, and by sending the portal message you are consenting for us to charge the credit card on file.

Dr. Emily Gutierrez, DNP, PNP, IFM-CP

\$150 Initial Functional Medicine Consult Deposit (*non-refundable*)

\$450/75-minute Initial Functional Medicine Consult, 60-minute follow-up

\$338/45-minute follow-up visits (phone/in-office)

\$225/30-minute follow-up visits (phone/in-office, *minimum*)

\$200/30-minute wellness visit

Sick Visits - \$120/15 minutes

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

\$150 Initial Functional Medicine Consult Deposit (*non-refundable*)

\$400/75-minute Initial Functional Medicine Consult , 60-minute follow-up

\$300/45-minute follow-up visits (phone/in-office)

\$200/30-minute follow-up visits (phone/in-office, *minimum*)

\$200/30-minute wellness visit

Sick Visits - \$120/15 minutes

_____ I agree to pay the consultation fees listed above for my selected provider, and understand that all consultations, lab investigations, and supplements are separate fees.

Lab Investigations

Blood Work ♦ Stool Studies ♦ Food Allergies & Sensitivities ♦ Lyme Testing
Heavy Metals ♦ Genetic Testing ♦ Sleep Studies

_____ Some lab investigations, such as blood draws, may be filed and covered by your medical insurance; however, we cannot guarantee partial or full coverage.

_____ Some specialized laboratories do not take insurance, so those labs will be an out-of-pocket expense. Neuronutrition Associates does offer reduced patient pricing for these tests.

_____ Certain tests can be collected in-office. Others are collected at either the patient's home or an outside laboratory.

_____ Neuronutrition Associates utilizes Clinical Pathology Laboratories (CPL), Quest Diagnostics, and LabCorp laboratories for blood draws.

_____ All lab results warrant a follow-up visit. The provider cannot answer any questions regarding a patient's lab results without a formal consultation.

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_____ If you would like your results sent to another provider's office, you will need to fill out a Release of Information. They are available to fill out in-office or via the online portal.

Cancellation Policy

_____ An appointment must be cancelled *48 business hours* in advance in order to avoid the \$150 cancellation fee.

_____ All No-Call/No-Show appointments and appointments not cancelled by 48 business hours will be fined the full price of the visit. *Please refer to Payment and Provider Fees above for the provider pricing.*

_____ If you arrive more than 15 minutes past your scheduled appointment time, you will be asked to reschedule your appointment and a \$150 cancellation fee will apply.

By signing below, you acknowledge that you have thoroughly read Neuronutrition Associates' policies and procedures and agree to adhere to them.

Patient Name

Patient/Guardian Signature

Date

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The Fine Print

Neuronutrition Associates' consulting services are for those exploring the possibility of utilizing holistic and functional medical therapies for management of complex and chronic diseases. The consultation is not a traditional medical evaluation, rather a comprehensive assessment of a patient's health, nutrition, and environment. Patients are required to keep a primary care provider (and specialty care provider if needed), and to provide Neuronutrition Associates with all medical information relevant to their health status. The services provided by Neuronutrition Associates are for therapeutic purposes only. In certain cases lab tests may be recommended in order for us to better evaluate the nutritional and functional status of a patient. These common and specialized labs help guide our individualized patient care plans.

Neuronutrition Associates is not intended to eliminate nor replace the need for a relationship with a primary care physician. Families and patients should understand that if symptoms persist or worsen, they should see their regular or non-Neuronutrition clinician(s) regarding traditional diagnosis and treatment options.

The practice of holistic and functional medicine is not an exact science and no guarantees are made regarding medical recommendations.

Important information about your holistic and functional therapy consultation:

1. Dietary supplements may interfere with prescription medications as well as other dietary supplements. It is important that your Neuronutrition clinician is aware of all supplements and/or medications you are taking.
2. Nutritional supplements for cognitive conditions and other health maladies are not a "quick fix". Nutrient therapy typically takes 2-3 months to see an improvement, with 6-12 months for healing. Good nutrition will always be an essential lifelong practice for achieving wellness.
3. While supplementing with dietary supplements can improve cognition and health functioning enough to be weaned off prescription medications, we do not recommend changing those medications without first contacting the prescribing clinician.

By signing my name below, I certify that I have read and understand the above information.

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Patient/Guardian Signature

Date

HIPAA – Acknowledgement of Receipt

Neuronutrition Associates is in accordance with federal and state health privacy laws. Our Notice of Privacy Practices defines how we plan to use and disclose your protected health information for the purposes of treatment, payment, and health care operations.

You have the right to review our Notice of Privacy Practices prior to signing this form. The Notice of Privacy Practices is subject to change. A current copy of the notice may be requested by contacting Neuronutrition Associates.

By signing below, you acknowledge Neuronutrition Associates and all affiliated entities are congruent with federal and state privacy laws, and may use and disclose your protected health information in accordance with HIPAA.

Patient/Guardian Signature

Date

Patient Name (Printed)

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Dietary Supplement Conflict of Interest Disclaimer

Recommending supplements for therapeutic interventions can raise questions of conflict of interest when you sell them in your own practice. At Neuronutrition Associates, we are aware of and sensitive to this concern. Unfortunately, dietary supplements lack the same regulatory rigor as other FDA related prescription medications. We believe that not all effective therapies for optimizing health are exclusive to prescription medications and want to ensure that the supplements we recommend have sound quality. Dietary supplements can have integrity variability and lack consistent dosing and purity. At Neuronutrition Associates, we have confidence that the pharmaceutical grade supplements we have carefully and rigorously chosen to recommend are the best products in the industry. Dietary supplements are not covered under insurance plans and can be costly. As medical providers, we are able to offer products to our patients at discounted retail prices. As a client you will have the option to purchase supplements through our practice, however, we welcome you to explore other dietary supplement retailers. Our goal at Neuronutrition Associates is to achieve optimal wellness for you and your family, regardless of where you purchase your products.

Patient/Guardian Signature

Date

Patient Name (printed)

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Patient Information

Patient Information:

Patient's Name: _____ Date: _____

Other names your child goes by: _____

Date of Birth: _____ Sex: Male Female

Contact Information

Parent/Guardian Name(s): _____

Cell phone: _____ Voicemail: Yes No

Other phone: _____ Voicemail: Yes No

Address: _____ City, State, Zip: _____

Email address: _____

Emergency Contact Name: _____

Phone: _____ Email: _____

Insurance Information:

Policy Holder: _____ Date of Birth: _____

Insurance Company: _____ Patient Policy ID#: _____

Insurance Provider Phone #: _____

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Insurance Address: _____ City, State, Zip: _____

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