Tyler VanGemert Acupuncture
☯ 160 E 12th Street ☯ Durango, CO 81301 ☯
MountainMedicineAcupuncture.com
970.247.1233

Name _____ Date Of Birth _____

Address _____

_____

Home Phone _____ Cell Phone _____

Email Address: _____

Employer _____ Work Phone _____

Work Address _____

Referred By _____

In case of emergency notify: _____

Relationship _____ Phone _____

Address _____

Purpose for seeking treatment _____

_____

_____

_____

_____

Please List All Medications, Vitamins, and Herbal Supplements you are currently taking _____

_____

_____

Please indicate any signs/symptoms that you may have:
High Blood Pressure _____ Low Blood Pressure _____ Diabetes _____ HIV/AIDS _____
Hepatitis B _____ Hepatitis C _____ Pregnant _____ Covid-19 _____

Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

Updated 10/1/2024

Tyler VanGemert Acupuncture
☯ 160 E 12th Street ☯ Durango, CO 81301 ☯
MountainMedicineAcupuncture.com
970.247.1233

ACUPUNCTURE CLINIC DISCLOSURE STATEMENT & INFORMED CONSENT

This disclosure statement is in compliance with the State of Colorado, Department of Regulatory Agencies, Colorado Statute Title 12 Article 29.5. All rules and regulations set forth by the Department of Health are strictly adhered to, including proper cleaning, sterilization, and sanitation of equipment and office. The practice of acupuncture is regulated by the Department of Regulatory Agencies. Inquiries should be made to: Director of Registrations, Acupuncturists Licensure, 1560 Broadway, Suite 1350, Denver,CO 80202, (303)894-7800. Patients are entitled to receive information about the methods of therapy, techniques used, and the duration of therapy, if known. Patients may seek a second opinion and may terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.

Clinic Prices : Initial Intake Consultation/Treatment : $185, Out of pocket discount : $125, Any Additional Visit/Phone Consult : $75. Group Acupuncture Treatment : sliding scale $50-75. Discounted packages expire one (1) year from the date of purchase. AcuPoint Injection Therapy : $45 This does not include the cost of herbs. Herbs average $25 - $70 for a daily/weekly/monthly supply. The provider uses only the highest quality herbs and nutraceuticals available that are authenticated for species and are grown without pesticides or herbicides or are organic or wild-harvested. The herbs and nutraceutical formulas follow Good Manufacturing Practice (GMP) guidelines as herbal/food supplements.

Insurance: Upon request, a Super bill receipt is available for you to submit to your insurance company for reimbursement.

Cancellation Policy : Our office has a 24 hour cancellation policy. Please inform our office of any need to cancel or rescheduled your appointment 24 hours in advance.

Practitioner Education, Certification, and Experience
Tyler VanGemert is a Licensed Acupuncturist, Colorado License #1400. He is certified by the NCCAOM in Oriental Medicine. Tyler is a graduate of Emperor's College of Traditional Oriental Medicine. He is trained in Classical Acupuncture, AcuPoint Injection Therapy, nutritional supplementation, Tai Chi, and meditation. No license, certificate, or registration in Acupuncture has been suspended or revoked.

Informed Consent
I herby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture. I have been informed that acupuncture including acupoint injection therapy is a safe method of treatment, but that it may have side effects including discomfort, pain, dizziness, bruising, or numbness at site of procedure. Unusual and rare risks of acupuncture include nerve damage, organ puncture including lung puncture, infection, and spontaneous miscarriage. Other side effects and risks may occur. If I suspect that I am pregnant, I will immediately inform the acupuncturist.

I have discussed the nature and purpose of my treatment with the acupuncturist(s) named above. I understand that there are no guarantees regarding cure or improvement of my condition. I understand that there may be limitations to the care provided and that in my best interest I may be referred to another acupuncture practitioner or other healthcare provider who may be more qualified to treat me outside of these facilities. I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications, and I permit the acupuncturist to determine and/or alter the course of treatment which the acupuncturist judges to be in my best interests based upon the facts then known. I understand that I have the choice to accept or reject treatment at any time. I have read or have had read to me the above consent. I have also had the opportunity to ask questions about its content, and by signing below I agree to all terms and conditions stipulated by this document. I intend this form to cover the entire course of treatment for my condition and for any future condition(s) for which I seek treatment.

Female ONLY: Are you pregnant or nursing? YES NO If yes, please check one: pregnant ☐ nursing ☐

_____	_____	_____
Signature of Patient or Person authorized to consent	Relationship or Authority of Representative	Date

Tyler VanGemert Acupuncture
☯ 160 E 12th Street ☯ Durango, CO 81301 ☯
MountainMedicineAcupuncture.com
970.247.1233

ACUPUNCTURE & FUNCTIONAL MEDICINE

Welcome to Tyler VanGemert Acupuncture and herbal remedies. We are grateful that you have joined our wellness team for your continued healthcare success. Please read the following information and ask the front desk if you have any questions. We are excited for this journey of wellbeing together!

New Patients

First Appointment
Your first consultation will be approximately 1 hour and 15 minutes $125.00.
During this time Tyler VanGemert LAc will address your specific health concerns.

Functional/Natural Medicine Acupuncture Prices

New Patient consultation: $185.00
Follow – up Appointments: $125.00
Multiple Session Discount: $500.00 (5 Visits)

- Methods of payment are: Cash, check or money order, Visa, MasterCard, or Discover.
- All consultations are timed from the time the appointment begins; you will only be billed for the actual time used.
- A credit card number may be stored on file for any patients using online/phone consultation services.

Telemedicine

- Telemedicine services are optional. Patients can refuse telemedicine services at any time without affecting their right to future care or treatment and without risking the loss or withdrawal of any program benefits. Services provided include; herbal preparations and guidance (including topical, internal, and steam inhalation preparations), food therapy/home remedy therapy guidance, meditation and breathing exercise instruction, and self massage/acupressure/cupping/scraping instruction and guidance.

- HIPAA privacy practices will be observed and your provider will attend these online visits in a private room. Your information is completely confidential. Patients may request access to all their medical records to the fullest extent of the law.

- Payment is expected at the time of service and can be made by providing cash, check, credit card through the online portal or by using Zelle/Paypal/Venmo payment services.

Tyler VanGemert Acupuncture
☯ 160 E 12th Street ☯ Durango, CO 81301 ☯
MountainMedicineAcupuncture.com
970.247.1233

Appointments

- We encourage you to book your appointments 2 weeks in advance.
- As a courtesy to you, our office can call you to confirm your appointment one day in advance. You may also receive a reminder via email. Please let us know your preference.

Cancellations

- If you are unable to keep your scheduled appointment, you must notify our office a minimum of 24 hours before your scheduled time.

Returned Products

- **PRE-APPROVAL is REQUIRED on ALL RETURNS!!**
- **Refrigerated items CANNOT be returned**
- No supplement returns will be accepted after 30 days on all regularly stocked items. Special orders CANNOT be returned!
- Prepaid tests can be returned for credit within one year of purchase.

Important Notes

- Tyler VanGemert LAc is not a medical doctor; he does not service medical emergencies. **If you have a medical emergency, you must contact your primary care physician or dial 911!**
- Please contact the office if you are not clear on any of our policies or procedures.

I _____ have read, understood, and agree to the above Policies and Procedures.

(please print name)

Date_____ Sign_____

Tyler VanGemert Acupuncture
☯ 160 E 12th Street ☯ Durango, CO 81301 ☯
MountainMedicineAcupuncture.com
970.247.1233

Quotation of Benefits and ABN Agreement

Patient Name: _____ **Date:** _____

Insurance

As a courtesy, we will contact your insurance company for a quotation of benefits; please fill out as many of the details as follow here:

- **Deductible:** Your deductible is _____.
- **Coverage:** Your insurance will cover _____% of eligible charges for physical/occupational therapy after the deductible is met. You will need to pay _____ per visit until your deductible is met.
- **Co-Pay/Co-Insurance:** Your [☑ per visit co-pay] [☑ co-insurance] is _____. All payments are due at the time of service.
- **Secondary Insurance:** We do not verify secondary insurance coverage but will bill them for you. You will be responsible for any amounts not covered by the secondary insurance.

Policy Limitations

According to your insurance representative, your policy limitations are:

- Limited to _____ visits per year.
- Limited to a maximum dollar amount of _____, which is approximately _____ visits.
- No specific limit on the number or maximum dollar amount of visits.
- You are limited to _____ visits per year.
- You are limited to a maximum dollar amount of _____, which is approximately _____ visits.
- You are not limited to a specific number or maximum dollar amount of visits.

Additional Notes:

- If a physician's referral is required for our services, it is your responsibility to obtain one. We will, however, do our best to assist you in this process.

- If you or your physician elect to continue therapy past your covered period or limitations, you will be responsible for payment of the non-covered portion.

Cash Pay

Your other payment option is to cash pay:

- **Individual Session:** $125.00
- **5 Visit Discount Package:** $500.00

Payment is due at the time of service.

Durable Medical Equipment (DME)

- **Cash Pay Only:** All DME supplies, including orthotics, are distributed on a cash-pay basis ONLY.
- If your insurance policy includes a benefit for supplies or orthotics, we will issue you a refund once we receive payment from your insurance company. Please see the DME form for details.

ABN (Advance Beneficiary Notice of Non-Coverage)

Our practice will do everything possible to obtain accurate insurance verification and authorization. However, if your insurance company denies or does not pay for any portion of your physical therapy services, you agree to pay cash for the visit(s). By signing this agreement, you acknowledge and accept full financial responsibility for denied claims.

Additional Terms

- **Non-Covered Services Statement:** If a service is deemed not medically necessary or otherwise excluded by your insurance policy, you agree to be responsible for the full payment of those services. By signing this document, you acknowledge and accept this responsibility.
- **Pre-Authorization Disclaimer:** While we will make every effort to verify insurance benefits and obtain pre-authorization for services, this does not guarantee payment. Any claims denied by your insurance are your responsibility.

Tyler VanGemert Acupuncture
☯ 160 E 12th Street ☯ Durango, CO 81301 ☯
MountainMedicineAcupuncture.com
970.247.1233

- **Retroactive Denials Clause:** In the event your insurance company retroactively denies payment for services rendered, you agree to reimburse the practice for the full amount of the denied claims.
- **Financial Counseling Offer:** If you are unsure about your financial responsibilities or need assistance in understanding this agreement, please speak with our billing department before signing.
- **Refund Policy:** If a payment is made in excess due to insurance overpayment or adjustments, the overpaid amount will be refunded to you promptly after final claim reconciliation.
- **Patient Acknowledgment of Financial Responsibility:** By signing this agreement, I confirm that I have read and understood my financial responsibilities, including payment for services not covered by insurance.

Although benefits were quoted based on your individual policy with your insurance company, the information obtained does not guarantee payment. In addition to co-pay/co-insurance and deductibles, you are responsible for any amount NOT covered by your insurance company.

Important Disclaimer: If you have any doubt about the correctness of the quoted benefits, we strongly urge you to contact your insurance company directly. Please note that physical therapy benefits may differ from other healthcare benefits. Our practice is not responsible for any incorrect information provided by your insurance company.

Patient/Responsible Party Signature: _____Date: _____

QUOTATION OF BENEFITS IS NOT A GUARANTEE OF PAYMENT

Tyler VanGemert Acupuncture
☯ 160 E 12th Street ☯ Durango, CO 81301 ☯
MountainMedicineAcupuncture.com
970.247.1233

Please complete this form if you would like us to share information about your progress with another person.

Authorization to Release Medical Information (Optional)

To: _____Tyler VanGemert LAc_____

Address: ____160 E 12th Street, Durago, CO 81301_____

I, _____ request the following information:

▲ Test results ▲ History ▲ Records ▲ Diagnosis

▲ Treatment ▲ Reports ▲ Progress

concerning my: ▲ Accident ▲ Injury ▲ Illness

▲ Other _____

To be released to: _____

(Name of Practitioner, Doctor, family member etc.)

Address: _____

Fax:_____

For the purpose of: _____

(Specify)_____

According to Section 1795 of the California Health and Safety Code, these records must be provided within 15 days of receipt o this notice.

Signed: _____ Date: _____

▲ Patient ▲ Spouse ▲ Parent ▲ Guardian