



Texas Integrative Medicine
3006 Bee Cave Rd, Suite A300, Austin, TX 78746
Phone: (512) 800-5309 Fax: (512) 367-5975

CLINIC POLICIES

INSURANCE

Texas Integrative Medicine does not bill insurance, and is not contracted with Medicare or Medicaid. Some services may be eligible for reimbursement by your insurance company as an "out of network" benefit. We can provide you with a medical receipt which you may submit for possible reimbursement. We are unable to attain insurance pre-authorization for services.

FEES

Wally Taylor MD	15min	\$100	Usual first visit 60min
Megan Miller NP	15min	\$75	Usual first visit 90min
Becky Andrews ND, LAc	15min	\$75	Usual first visit 90min
Acupuncture only	45min	\$120	
Kylie Bentley RD	15min	\$50	Usual first visit 90min

First visits vary from 60-90 minutes depending on practitioner.

Follow up visits vary from 30-60 minutes.

Laboratory studies, prescriptions, supplements, and non-consultation services are charged separately. Costs for these will be presented to you as the services are recommended, and will be ordered pending your approval.

PAYMENT

Payment is due at the time of service for office visits, services and supplements.

Accounts must be paid in full to continue care.

Invoices and receipts are available by request.

RETURNED CHECK FEE

There is a \$35 fee for each returned check.

DEPOSIT AND APPOINTMENT CANCELLATIONS

When you schedule an appointment, we reserve that time especially for you and practitioners devote considerable time before your visit to research and preparation. We do not double-book patients.

A 50% deposit will be charged when you make your appointment.

48 hours (2 business days) notice is required to cancel or reschedule a new patient visit

24 hours (1 business day) notice is required to cancel or reschedule a follow up visit or visit for non-practitioner services. Failure to provide adequate notice prior to cancellation may result in retention of your deposit.

RETURNED SUPPLEMENTS

You may return unopened medicine within 30 days of purchase for a refund except for the following items: probiotics, compounded hormones and amino acids, specially ordered, assembled items and custom blended herbal formulas.

EMAIL AND PHONE CONTACTS

You may contact our patient advocate at info@texasintegrative.com with questions, requests, feedback or concerns at any time free of charge. Patient advocates will review your concern and forward it to the appropriate staff or practitioner. There is no charge for brief questions that can be answered by the staff or a practitioner in a few sentences. Clarification questions about current protocols, refill requests and the like are considered brief questions. Queries regarding a new health issue, what to do next, or changes in protocol require clinical decision making by your practitioner. In these instances, you will usually be asked to schedule an in person or phone consultation with your practitioner. In person and phone consultations are charged at the same rate per time.



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TEXT CONTACTS.

We do not offer text access to practitioners or staff. Federal law requires we abide by HIPAA privacy guidelines, and texting is not HIPAA compliant. Additionally, it is impossible to transfer communications via text to your patient record, leaving these exchanges of information untracked. Without an accurate record of all exchanges of information, practitioners do not have all the information they need to support you in reaching your health goals.

PRESCRIPTION REFILLS

Please have your pharmacy fax refill requests directly to our office whenever possible. Refill requests may also be handled during visits with your practitioner. Our patient advocate will contact you if refilling your prescription requires a check-in visit.

REQUIRED CONSENT

All consent forms must be reviewed and signed before care is initiated (we know there are a lot). The information provided in the consent forms is required by law, and we must have written confirmation that you have been provided with the information and that you understand and agree to move forward with care. If you have questions or concerns regarding any policy or procedure listed in these forms, please ask for clarification.

REQUIRED PAPERWORK

Patients are required to complete all health history intake forms and health questionnaires, and convey them to our office 24 hours prior to their first visit. This allows practitioners to research and prepare for your visit so that your time with us will be as productive and efficient as possible. If intake information does not reach us 24 hours before your first visit, you may choose to forfeit your deposit and re-schedule your visit or you can proceed with your visit, understanding that time with your practitioner will not be as efficient as it would be if the practitioner had your information ahead of time. If you need assistance in acquiring intake forms or getting them to us, please contact the office.

SCENT FREE ENVIRONMENT

Out of respect for patients with allergies and sensitivities we attempt to maintain a scent-free environment. We ask that you refrain from wearing perfumes and colognes on the days that you will be visiting the clinic. If you smoke, we also ask that you refrain from smoking immediately before entering the clinic.

If you have any questions regarding our policies please feel free to ask.

I have read and agree to the above clinic policies.

Signature

Date



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CONSENT FOR TREATMENT

GENERAL INFORMATION: The practitioners of Texas Integrative Medicine utilizes a wide variety of clinical tools in their practices. Most patients will receive a combination of treatment modalities drawing from their varied backgrounds in traditional medicine, integrative medicine, naturopathic medicine, nutrition, psychology, massage therapy, acupuncture, and herbalism. Diagnosis and treatment may include methods from any or all of the following modalities: traditional medicine, environmental medicine, complimentary medicine, acupuncture and Oriental medicine, naturopathic consultation, lifestyle and nutritional counseling. Texas Integrative Medicine does not provide emergency, urgent care or primary care services.

METHODS, PROCEDURES AND THERAPEUTIC APPROACHES: Texas Integrative providers may perform or recommend any of the following procedures as necessary to give proper diagnosis, determine treatment approaches, treat or otherwise address your health concerns:

- **General Diagnostic Procedures:** including but not limited to: venipuncture, lab analysis of blood, urine and stool, general physical exam, pelvic exam, neurological and musculoskeletal assessments.
- **Counseling:** Compassionate and reflective listening, coaching in healthy lifestyle changes, nutrition, exercise, etc.
- **Acupuncture:** insertion of special, sterile, single use needles at specific points on the body.
- **Topical Treatments and Prepping:** includes cupping (application of suction to specific areas defined by acupuncture theory), prepping skin for puncture with alcohol, iodine or other antiseptic agents.
- **Electromagnetic and Thermal Therapies:** includes the use of ultrasound, low and high volt electrical muscle stimulation, micro current, low level laser therapy, infrared heat, moxibustion, and hydrotherapy.
- **Parenteral therapies and Pharmaceuticals:** including but not limited to intravenous, intramuscular or topical preparations of nutrients, herbs or pharmaceuticals.
- **Exercise With Oxygen Therapy (EWOT):** includes physical exertion on stationary bike or treadmill with titrated oxygen delivery.
- **Herbs and Natural Medicines:** recommendation of vitamins, minerals, and dietary supplements to achieve therapeutic goals; recommendation and / or application of herbs in capsules, powders, teas, tinctures, plasters, pastes, suppositories, creams, salves, etc.; as well as highly dilute homeopathic remedies or sublingual immunotherapy.

POTENTIAL RISKS: Pain, discomfort, blistering, discolorations, infection, burns, loss of consciousness or deep tissue injury from needle insertions, topical procedures, heat, oxygen, exercise or frictional therapies, electromagnetic and hydrotherapies; nausea, vomiting, adverse or allergic reactions to prescribed herbs or supplements; and aggravation of pre-existing symptoms.

POTENTIAL BENEFITS: Restoration of health and the body's maximal functional capacity; relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

NOTICE TO PREGNANT WOMEN: All female patients must alert the doctor if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Texas Integrative Medicine, regarding cure or improvement of my condition. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law.

Patient (PRINTED)

Patient Signature

Date



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INTEGRATIVE AND COMPLEMENTARY MEDICINE DISCLOSURE AND CONSENT

We are very glad that you have come seeking our services to aid you in your path toward health and wellness. We respect the fact that this is a privilege for us. We are required by the Texas State Medical Board of Examiners (TSBME) to tell you and have you acknowledged in advance some special features regarding the care that we provide.

This office practices in an “integrative style”. This means that we combine “standard” also known as “usual and customary” evaluations and treatments along with those that are considered by some to be “not standard” or “not usual and customary”. We do this because we have found that “standard” approaches to treatment are often not able to deliver and maintain the good results we are trying to achieve or are associated with undesirable side effects. According to the Texas Medical Practice Act Chapter 200 you are free to receive these “not standard” treatments so long as it is documented that you have been advised of and agree to this direction of care. We will advise you when our recommendations deviate in our opinion from this “standard”. It is important to say that this standard is constantly changing. Many previously “not standard” treatments have become or are becoming “standard” (vitamins that are now considered part of a “standard” treatment protocol) and previous “standard” treatments are now considered “not standard” (prescription drugs that have been taken off the market for various reasons).

You have the right, as a patient, to be informed about your condition and the recommended integrative and complementary procedure to be used so that you make an informed decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.” (TSBME)

The Standard of Care Treatment: Treat each symptom or set of symptoms with appropriate prescription drugs, surgery or other therapeutic intervention as outlined in existing “treatment guidelines” as presented by various bodies of organized medicine.

Risks of Complimentary Therapy: As with “standard” care may be associated with side effects, adverse or allergic reactions or failure to achieve in a timely fashion the desired treatment results. Integrative therapy may have a slower time course of effect but may result in a more complete and lasting recovery. The need for associated “standard” medicines and therapies may no longer be necessary.

Expected Time Frame for Therapy: It is not unusual to see a period of “regressive healing” which may be associated with a temporary worsening of symptoms which may last days to weeks. Symptom improvement may begin in days to weeks but may take months for results to be seen. Typically continued improvement may be seen over several years. In some cases, benefit may not be experienced at all. Once symptom recovery is well underway the emphasis shifts to maintaining wellness, preventing disease, and delaying the effects of the aging process.



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Please initial each of the following:

___“I (we) understand that no warranty or guarantee has been made to me as to result of care.”(TSBME)

___“I (we) realize that just as there may be risks and hazards in continuing my present condition without conventional medical treatment, there are also risks and hazards related to the performance of the integrative and complementary procedure planned for me.” (TSBME)

___“I (we) have been given an opportunity to ask questions about my condition, conventional treatment, integrative and complementary treatment, alternative forms of treatment, risks of treatment, risks of nontreatment, procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.” (TSBME)

“NOTICE: Refusal to consent to the integrative and complementary procedure should not affect you right to future care or treatment.” (TSBME)

I voluntarily request Dr. Taylor as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as a chronic metabolic disorder affecting multiple tissues and organ systems as a result of genetic inborn deficiencies of metabolism interacting with harmful environmental factors including but not limited to toxins in the air, food and water, chronic effects of infectious agents, physical and psychological stress, physical injury, dietary nutrient deficiencies, allergic reaction to environmental antigens and harmful environmental physical forces such as electromagnetic fields.

Patient name (printed)

Date

Patient signature

Our purpose here is to serve you, our guest and patient. We do not work for a payer whether it be an insurance company, pharmaceutical company, diagnostic laboratory, or governmental agency. We simply offer you what we believe to be the best care for your medical condition based on our extensive knowledge of the scientific body of medical evidence and our years of experience in treating these conditions.

Dr. Wally Taylor



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Privacy Notice Acknowledgement

Texas Integrative Medicine is required to provide you with a copy of its "Notice of Privacy Practices" document, and to obtain written acknowledgement, if possible, that you have received it. The notice outlines the types of uses and disclosures that may occur involving your protected health information. It also describes your rights and explains how you may exercise those rights.

You have the right to request that we restrict our uses or disclosures of your protected health information, although we are not required to agree to these restrictions. We always strive to protect patient confidentiality and will do our best to meet your requests. If we do agree to further restrictions, they are binding on us. Finally, you have the right to revoke this consent in writing, except to the extent that we have taken action in reliance on it.

I understand that my protected health information can and will be used to:

- Provide and coordinate my treatment among health care providers
- Obtain payment from third-party payers for my health care services.
- Conduct normal health care operations such as quality assessment and improvement activities.

Your provider has the right to change the Notice of Privacy Practices and you may request a current copy at any time.

My signature below acknowledges that I have: *(please check one box)*

- Been offered a copy of the "Notice of Privacy Practices" document and have accepted that copy.
- Been offered a copy of the "Notice of Privacy Practices" document and have declined to take a copy. I understand that I may request a copy at any time in the future, and will be granted a current copy upon request.
- I agree to full disclosure between my practitioner and staff and

_____ (anyone else you designate)

 Patient Signature

 Date

 Guardian / Representative's Signature

 Relationship to Patient

 Date

OFFICE USE ONLY:

I hereby affirm that Becky Andrews ND, LAc has made a good faith effort to provide a copy of the Notice of Privacy Practices document to the above named patient, and to obtain written acknowledgement of such.

Staff Initials_____

- Patient was offered form but refused to sign
- Patient was physically unable to sign acknowledgement
- Communication barriers
- Other _____



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NON-COVERED SERVICE AGREEMENT

I, _____, do hereby acknowledge
(*print patient name*)

that it has been explained to me that certain services offered at Texas Integrative Medicine are not customarily covered by health insurance policies (even with “out of network” status). Coverage for services may be refused because:

- Required pre-authorization has not been acquired
- Texas Integrative Providers are not contracted with my insurance plan
- Specialty labs are not covered by my insurance policy
- Procedures considered “experimental” or “not medically necessary” are not covered by my health policy

Services offered at Texas Integrative Medicine that are not reimbursed by insurance:

- IV nutrient, ozone, or antimicrobial infusions
- IM nutrient injections
- Exercise with Oxygen Therapy (EWOT)
- Cold laser (low level laser therapy)
- Sublingual immunotherapy

Based on recommendation by my practitioner(s) at Texas Integrative Medicine and my own judgment, I choose to pursue these services and understand that I will not be reimbursed by my health insurance.

I agree to make financial arrangements with Texas Integrative Medicine to pay for these services myself.

Patient Signature

Date