

Sarah Green, MS, PA-C  
HolisticSarahPA  
671 W. Tefft Street suite 9  
Nipomo, CA 93444  
Phone  
Cell (805) 459-7875  
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## Functional Medicine New Patient Intake Form

These forms as well as your medical records must be submitted to our office at least seven days prior to your first appointment.

Did you remember to?

1. Read all of the practice documents?
2. Obtain your medical records and/or test results from previously seen physicians and have sent them to our office at least seven days prior to your appointment date to:

Sarah Green  
HolisticSarahPA  
671 W Tefft Street suite 9  
Nipomo, CA 93444  
Fax: (805) 249-1906  
Email: [holisticsarahpa@proton.me](mailto:holisticsarahpa@proton.me)

Fill out and sign the following forms:

1. Important patient information
2. Informed Consent Regarding Email or The Internet Use of Protected Personal Information
3. Notice of Medicare Denial
4. General Questionnaire
5. Fill in credit card information. (The office will be billing monthly membership charges to credit card on file. We will not see a patient without credit card information.)

We are looking forward to working with you to help you achieve your ultimate health goals.

### **Functional Medicine Fee/Private Membership Association:**

There is a monthly membership fee of \$150.00. This fee allows for cell phone access to Sarah, as well as same day appointments, priority in call back, including weekends and holidays. When you become a member, you will be able to see Sarah at a discounted rate. Members will be charged \$75.00 for a 30-minute consultation. Annual physicals will cost \$300.00. Members will also benefit from discounts on products including peptides, IV infusions, Semaglutide, Botox, and more.

### **Functional Medicine Non-Member Fee:**

If you chose to opt out of becoming a member, you can still be seen at Sarah's office, however the price will be higher. We can't promise same day appointments and call back times may vary. For annual exams, the cost will be \$450.00. For a 30-minute consultation, the cost will be \$300.00. You can still purchase peptides, receive Semaglutide injections, IV infusions, Botox and more at a higher rate.

### **Cancellation:**

The office requires a 72-hour cancellation notice. We understand that there are times where this is difficult to do. If we are unable to fill your spot there will be a cancellation charge of \$300.00 that will come out of your credit card on file.

### **Late arrivals:**

We are committed to being on time with patients' appointments to prevent patients from waiting. If you arrive late to the office for your consult your appointment will still end at the scheduled time, and you will be charged for the length of the originally scheduled visit.

### **Supplements:**

There are several supplements recommended by Sarah that are available for purchase in the office. Sarah uses Vintage Labs as well as FullScript to order supplements for her patients. You are not obliged to purchase supplements

from the office. There is a discount of 15% off through FullScript and at times they can run specials as well.

### **Credit Card:**

We require a credit card at the same time you schedule your first appointment. The credit card will be used to pay your monthly fee as well as your visit.

### **Follow up Appointments:**

At the time of check out you will be scheduled for a follow up appointment.

### **Payment Options:**

Cash, check, or credit card are all accepted methods of payment for services.

### **Medical Insurance:**

Medical insurance is not accepted at the office, and our office cannot assist you with any claims. In addition, Sarah Green is not a Medicare provider. You will be provided with a billing summary that you can submit to your insurance company. We will not submit it for you.

### **Office Hours:**

Monday-Friday 9:00am-4:00pm PST

If you call during office hours, and we don't pick up the phone, please leave a message with your full name, phone number, and reason for the call. We will return the call within 24 hours. If it is an urgent matter, and you are a member, you can text Sarah at the cell phone provided.

### **Prescription Refill Request:**

For prescription refills, please contact your pharmacy and they will fax over a refill request. Please allow 72 business hours to process a request.

If you are experiencing a medical emergency, you need to call 911 or go directly to the Emergency Room.

## **ALL MEDICARE PATIENTS MUST SIGN THIS FORM:**

## NOTICE OF POSSIBLE MEDICARE DENIAL

Medicare will only pay for services determined to be reasonable and necessary under section 1862 (a)(1) of Medicare Law. If a particular service is considered not acceptable and unnecessary under Medicare standards, Medicare will deny payment for those excluded services.

### MEDICARE NOTICE:

Sarah Green is not a Medicare provider; therefore, your payment is due at the time services are provided. Any claims submitted will have to be sent by the patient; payment reimbursement is not guaranteed and is subject to Medicare eligibility/reimbursement rules and regulations.

### PAYMENT ACKNOWLEDGED

My Physician Assistant/staff have informed me, that he or she believes services provided will likely be denied by Medicare for reasons stated above.

Signature\_\_\_\_\_

Print name\_\_\_\_\_

Date\_\_\_\_\_

Holistic Sarah PA provides patients the opportunity to communicate with them by e-mail, however; has several risks, both general and specific, that should be considered before using e-mail.

#### Risks:

- a. General e-mail risks are following, e-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients; recipients can forwards e-mail to other recipients without the original sender's permission, or knowledge; users can easily misaddress an e-mail; e-mail is easier to falsify than handwritten, or signed documents; backup copies of e-mail may exist even after the sender, or recipient has deleted his/her history.

- b. Specific e-mail risks are the following: e-mail containing information pertaining to diagnosis and/or treatment must be included in the protected personal health information; all individuals who have access to the protected personal health information will have access to the e-mail from their place of employment risk having their employer read their e-mail.
- c. It is the policy of Holistic Sarah PA that all e-mail messages sent or received, which concern the diagnosis, or treatment, of the patient will be part of that patient's protected personal health information and we will treat such e-mail messages, or internet communications, with the same degree of confidentiality as afforded other portions of the personal health information. Holistic Sarah PA will use reasonable means to protect the security and confidentiality of e-mail, or internet communication. Because of the risks outlined above, we cannot, however, guarantee the security and confidentiality of e-mail, or internet communications.
- d. Patients must consent to the use of e-mail for confidential medical information after having been informed of the above risks. Consent to the use of e-mail includes agreement with the following conditions:
- e. All e-mail to, or from, patients concerning diagnosis and/or treatment will be made a part of the protected personal health information. As part of the protected personal health information, other individuals, Sarah Green, physicians, nurses, other healthcare practitioners, insurance coordinators, and upon written authorization other healthcare providers and insurers will have access to e-mail messages contained in protected personal health information.
- f. Sarah Green may forward e-mail messages within the practice as necessary for diagnosis and treatment. We will not, however, forward the e-mail outside the practice without the consent of the patient as required by law.
- g. Sarah Green will endeavor to read e-mail promptly but can provide no assurance that the recipient of the e-mail will read the e-mail message promptly. Therefore, e-mail must not be used in a medical emergency.
- h. It is the responsibility of the sender to determine whether the intended recipient received the e-mail and when the recipient will respond.
- i. Because some medical information is so sensitive that unauthorized disclosure can be very damaging, e-mail should not be used for communications concerning diagnosis, or treatment of AIDS/HIV infection; other sexually transmittable, or communicable diseases, such as syphilis,

gonorrhea, herpes, and the like; Behavioral health, Mental health, or developmental disability; or alcohol and drug abuse.

## General Information

Name: First \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: \_\_\_\_\_

Job Title: \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications/supplements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Concerns/Complaints: \_\_\_\_\_

\_\_\_\_\_

What do you want to achieve at your visit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When was the last time you felt well?

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Did something trigger this change?

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What makes you feel worse and what makes you feel better?

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