

# Healing Collective Practice Policies, Information and Consent Form

## Welcome to The Healing Collective!

Before your initial office visit, please read and complete the following questionnaires and forms. Your detailed responses will help us utilize our time in the office more effectively. Please complete these forms at least 48 hours prior to your first office visit to help us better streamline your care.

Please remember to bring in copies of any recent lab work or medical records as well as the supplements or medications that you are currently taking.

This document is comprised of five sections. Please make sure to read through this document in its entirety, mark each box appropriately, and insert your signature at the bottom. We look forward to meeting you and working together to support your health!

## 1. DESCRIPTION OF PRACTICE

The Healing Collective is a functional medicine practice and is not a primary care practice. You are strongly encouraged to maintain a relationship with your primary care provider for urgent care needs, and care that is not within the realms of functional medicine. If you do not have a primary care provider, and are in need of urgent care, you are advised to seek urgent care at an Urgent Care Facility or the Emergency Room.

I understand \*  Yes  No

Functional Medicine treatment involves both the healthcare provider and the patient working together as a team to heal and resolve health conditions. Patients are expected to be very active participants in their healthcare. Patients are often advised to make lifestyle changes as part of their treatment plans, which may include dietary changes, stress reduction/relaxation practices, physical activity, treatment with supplements, etc.

Additionally, determining the root cause of health challenges is an investigative process that often includes various lab tests and patient participation in monitoring effects of treatment plans.

Patients who are actively engaged in their treatment plans have the best results! Please ensure that you are prepared and committed to be an active partner in your treatment plan.

I understand \*  Yes  No

## 2. OFFICE POLICIES & FINANCIAL AGREEMENT

The office is open Monday through Friday from 9am to 5pm and closed from 12 to 1pm for lunch. All appointments with your healthcare provider must be made in advance. For picking up medication, supplements, or pre-arranged lab requisitions/supplies, you may visit the office during regular business hours. The office will be closed for major holidays.

I understand. \*  Yes  No

Appointments are typically scheduled for 45 or 60 minutes. If your appointment takes longer, there will be a charge for each additional 15 minutes.

One hour appointments are charged \$250.

Half hour appointments are charged \$125.

If a 30-minute scheduled appointment lasts for 45 minutes, the charge will be \$185.

If an hour-long appointment lasts for 1 hour and 15 minutes, the charge will be \$310.

(Each additional 15 minutes is charged an additional \$60, additional 30 minutes is charged an additional \$125, and additional 60 minutes is charged an additional \$250).

I understand. \*  Yes  No

Payment for all services, lab fees, medication and supplements, is due at the time of the service.

Tracy Shulsinger, FNP, and Dianne Villani, FNP, are in-network providers with United Healthcare at The Healing Collective. The Healing Collective will submit billing on your behalf to United Healthcare.

For all other insurance providers, Tracy Shulsinger, FNP, and Dianne Villani, FNP, are out-of-network. Upon request, you will be provided with a superbill to submit to your insurance company to file for reimbursement of services rendered to you - reimbursement is completely based on your insurance companies' policies.

Tracy Shulsinger, FNP, is also participating with Liberty Healthshare. The Healing Collective will provide you with a superbill to submit to Liberty Healthshare. However, payment is due in full at the time of service.

I understand. \*  Yes  No

I understand that I am responsible for determining my out of network insurance plan benefits. I also understand that my health insurance coverage may have certain restrictions and limitations, such as authorization requirements, non-covered services, co-insurance and deductibles. Since I have chosen to obtain services, I agree to be financially responsible for any and all related charges.

I understand. \*  Yes  No

If the patient is a minor, the parents or guardians are responsible for full payment at appointments.

I understand. \*  Yes  No

For checks returned to us as unpaid by your bank, you will be charged a \$35.00 fee. Any legal fee that we incur to secure past due balances will be added to your account.

I understand. \*  Yes  No

You will be charged a "Missed Appointment" fee of 50% of your appointment cost for any missed appointments, or late cancellations (less than 24 hours notice).

I understand. \*  Yes  No

In between appointments, you may contact the practice for brief questions and clarifications up to three times. You are encouraged to do so through your Patient Portal in the CHARM electronic health record system. After three correspondences have been exchanged, or for longer/more complicated correspondences, you will be asked to schedule a follow up appointment. This is very important to ensure effective communication and to be able to continue to provide timely responses to all of our clients.

I understand. \*  Yes  No

The Healing Collective will make every effort to respond to communication through the patient portal or via phone within 72 business hours. In most cases, we will respond sooner than 72 hours, however please do not follow up upon communications prior to the 72 hour window.

I understand. \*  Yes  No

If you contact The Healing Collective about a new health concern, you may be asked to schedule an appointment or you may be charged a consult fee based on your use of the provider's time. Please note that your insurance plan will not cover a phone or email consult fee.

I understand. \*  Yes  No

The Healing Collective providers and staff are not available for consultation after business hours. Please refer to your insurance nurses' line, Urgent Care or the ER for medical concerns after hours.

I understand. \*  Yes  No

All medication refill requests need to be submitted through your pharmacy.

We recommend that you anticipate your refill needs closely, and submit your refill request with your pharmacy at least one week prior to running out of medication.

I understand. \*  Yes  No

### 3. INSURANCE INFORMATION

(This is needed for all patients, even if your insurance does not cover your appointment at The Healing Collective)

#### Primary Insurance Details

Insurance Type \*  MEDICARE  MEDICAID  TRICARE  
 CHAMPVA  GROUP HEALTH PLAN  CHAMPUS  
 FECA BLK LUNG  OTHER



**The Healing Collective**  
**6800 N 79th St, Suite 202**  
**Niwot, Colorado, US - 80503**

Insurance Plan Name or Program Name \*

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ID \*

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Insurance Company Name (Payer Name) \*

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Payer Id \*

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Payer Address

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Payer City

---

Payer Country

---

Payer State

---

Payer ZipCode

---

Valid From

Valid Until

Policy Group/FECA #

---

Copay

---

Deductible

---

Employer/School Name

---

Comments

**Insured Person Details**

Patient Relationship \*

Self

Spouse

Child

Other

First Name \*

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Last Name \*

---

Date of Birth \*

---

Sex \*

Male

Female

Unknown

Address Line 1

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Address Line 2

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City

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The Healing Collective
6800 N 79th St, Suite 202
Niwot, Colorado, US - 80503

Country

State

Zip Code

Home Phone

Mobile Phone

Responsible Party (Insurance subscriber)

Same as patient? (If yes, stop here. If No, continue filling out below) \*
[ ] YES [ ] NO

Name (first, middle, last)

Date of Birth

Address (home, city, state, zip code)

Phone (cell, home, work)

Email

Medical Release of Information

I authorize the release of any medical information necessary to process this claim. Your medical information for processing claims will be released to the insurance company and insurance billing company, and to lab companies, in order to bill your insurance for services rendered, when applicable.

Note: We are only able to bill your appointment if you have coverage with United, Rocky Mountain Health, or Liberty Health Share. We can bill labs to all other insurance companies, provided that your insurance company is in network with the lab company. We will work together with you to find you the best lab options to meet your healthcare, insurance and financial needs.

I understand. \* [ ] Yes [ ] No

Assignment of Benefits

I hereby assign payment directly to The Healing Collective, who represents this clinic to Payor Groups. The basic benefits as well as major medical benefits herein specified and otherwise payable to me, but not to exceed the regular charges for this treatment period. I understand I am financially responsible for any charges not covered by this assignment. I understand I will be held responsible for any costs incurred regarding collection of payment for services rendered.

I understand. \* [ ] Yes [ ] No

#### 4. ADDITIONAL ACCESS TO YOUR MEDICAL INFORMATION

Please list all parties who you would like to grant access to your healthcare information, such as family members, caregivers, or medical providers:

Name, Phone, Relationship

#### 5. INFORMED CONSENT FOR TREATMENT

I hereby authorize The Healing Collective to perform the following as necessary to facilitate my diagnosis and treatment:

Physical Examination: may include but not limited to any of the following: Skin and Dermatology; Head, Ear, Eyes, Nose, Sinuses, and Throat; Face and Neck; Lungs and Pulmonary; Chest and Cardiovascular; Abdominal; Hands, Arms, and Lower Limbs; Reflexes; Motor skills; Back and Spine; Cranial Nerves; Male Genitalia exams; Female Genitalia and Breast exams; Mini-Mental Status Exams.

Common and speciality diagnostic procedures: may included venipuncture, finger sticks, pap smears, diagnostic imaging, laboratory evaluation of blood, urine, stool and saliva.

Nutritional Counseling: Use of therapeutic nutrition and nutritional supplements.

Lifestyle Counseling: to improve ones health the following recommendations may be made: exercise, sleep, stress reduction techniques, and diet therapy.

Counseling: Used to explore the connection between emotional health and physical health

I recognize the potential risks and benefits of these procedures as described below:

Potential Benefits: Restoration of health and body's maximum functional capacity without the use of drugs or surgery, relief of pain and symptoms of disease, and prevention of disease progression.

Potential Risk: Adverse reactions to prescribed medications and supplements, side effects of natural medications, and inconvenience of lifestyle changes.

Notice to Pregnant Women: All female patients must inform the doctor if they know, suspect, or may be pregnant as some of the therapies used could present a risk to the pregnancy and fetus. With this knowledge, I voluntarily consent to the above procedures.

I understand.

Yes  No

**Please submit your digital signature below.**



The Healing Collective  
6800 N 79th St, Suite 202  
Niwot, Colorado, US - 80503

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*By signing and submitting this form I acknowledge that I have been provided ample opportunity to read this document or that it has been read to me. I understand the above-stated office policies and the financial agreement with The Healing Collective and its providers, and will comply with them in all respects. I acknowledge that I have received the Notice of Privacy Practices above. Lastly, I understand all of the above and give my consent to the evaluation and treatment to cover the entire course of treatments for my present condition and any future conditions for which I seek treatment.*

Name of Patient: \*

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Name of Guardian (if applicable):

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**PATIENT SIGNATURE \***

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Today's date: \*

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