



NeuroEndocrine  
CONSULTING

Dear Returning Patient:

Welcome back to NeuroEndocrine Consulting. Enclosed please find our Returning Patient packet. The purpose of these forms is to give you and us an update on all pertinent new information and for administrative purposes. Please review these forms in advance of your visit, sign where appropriate and bring them with you to your appointment. If you have any questions, please call our office and we will be happy to assist you. The thoroughness and completeness of this information prior to your visit time improves our ability to spend more time in your scheduled visit on your medical needs.

A map to our office location is included on the "Contact" page of our website. Please allow adequate time for your travel.

A complete list of our policies is available on our website [www.NeuroEndocrineConsulting.com](http://www.NeuroEndocrineConsulting.com).

- 1) If you would like your previous medical chart to be returned to NeuroEndocrine Consulting, on the "Authorization for Release of Medical Records Form" enclosed in this packet you will see a check box toward the bottom of the page to be filled in and sent to the appropriate provider. In many cases this will be at Austin Integrative Medicine, where most of our patient charts were transferred.
- 2) **If you have seen other providers since your last visit at NeuroEndocrine Consulting, please have copies of your recent lab tests and pertinent diagnostic studies faxed to our office.** This should include tests/studies over the last 12 months. If applicable, request your most recent mammogram and pap test results.

Request these copies from the ordering providers 2 weeks before your visit if possible. This allows time for the records to be sent and incorporated into your medical history. You can use the "Authorization to Release Medical Records" form in this package to make this request. In the space provided on this form, please indicate that records should be faxed to us no later than 1 week before your appointment.

- 3) Please note that payment can be made with cash, personal check or credit card (Visa, MasterCard and Discover are accepted) and is due at time of service.
- 4) Please give at least 2 business days advance notice if you need to reschedule or cancel your appointment.

Please do not hesitate to contact us should you have any questions. We look forward to seeing you again.

Respectfully,

Nancy Benzel, PA- C

# NeuroEndocrine Consulting LLC

## PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Best Phone to Return Calls / Confirm Appts: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Single / Married / Separated / Divorced Male / Female  
Driver License #: \_\_\_\_\_ SSN: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Other Name: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Reason for Office Visit/Chief Complaint: \_\_\_\_\_

## RESPONSIBLE PARTY

Please initial if responsible party is same as above: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Best Phone to Return Calls / Confirm Appts: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_ Male / Female  
Driver License #: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Patient / Responsible Party Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_





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## Authorization for Release of Medical Records

### PATIENT INFORMATION (PLEASE PRINT):

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

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

### RELEASE MY MEDICAL RECORDS

**FROM:** Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

**TO:** NeuroEndocrine Consulting LLC and Nancy Benzel, PA-C

Please send medical records no later than: \_\_\_\_\_

Please release a copy of my medical records including:

\_\_\_\_\_ History and Physical

\_\_\_\_\_ Diagnostic Studies

\_\_\_\_\_ Progress Notes

\_\_\_\_\_ Pap Smear (most recent)

\_\_\_\_\_ Lab Tests

\_\_\_\_\_ Mammogram (most recent)

\_\_\_\_\_ Other Records:

For Past Patients of NeuroEndocrine Consulting (2007-2011)

\_\_\_\_\_ I request that my Neuroendocrine Consulting medical chart be returned to  
Neuroendocrine Consulting and Nancy Benzel, PA-C.

**BY MY SIGNATURE, I AUTHORIZE THE RELEASE OF MEDICAL RECORDS.**

\_\_\_\_\_ Date: \_\_\_\_\_

Patient (or Legal Guardian) Signature

Nancy Benzel, PA-C | Office (512) 540.4182 | Fax (512) 879.9046  
3839 Bee Cave Road | Suite 202 | Austin, Texas 78746  
NeuroEndocrineConsulting.com



The following office policies were developed to ensure appropriate attention to the needs of patients and to facilitate an efficient flow of office operations. We thank you in advance for your consideration, cooperation and compliance.

### **Office Hours:**

- Monday, Tuesday and Thursday - 9:00 am to 3:30 pm  
Wednesday - 9:00 am to Noon, Friday - Closed
- Cancellations: We require 2 business days notice to cancel or reschedule an appointment to avoid a charge at the full rate of the missed office visit. Monday appointments should be cancelled by Wednesday. Missed appointment fees must be paid prior to receiving future services. Please note that insurance companies will not reimburse missed appointment fees.
- Holiday Refills: We are closed on major holidays. Please check your medications and ask your pharmacy to fax a refill request to our office 2 business days prior to the holiday.
- After-Hours Calls: We do not offer after hours call service. We encourage all patients to have a designated primary care provider for non-emergency after-hours services. In case of a medical emergency, call 911 or proceed to the closest emergency room.

### **Appointments:**

Call: 512-540-4182                      Email: support@neuroendocrineconsulting.com

New Patients: appointments for new patients will be scheduled after receipt of your completed New Patient Package which can be found on our website on the "Patient Forms" page. We would also be happy to mail the package upon request.

### **Fee Schedule**

Initial consultations with new patients: \$475.

1 hour \$350.00 | 45 minutes \$262.50 | 30 minutes \$175.00 | 15 minutes \$87.50

All other visit fees or extra time will be prorated at \$87.50 per 15-minute increment.

Patient requested medical record copies: \$25.00 for the first 20 pages and \$0.50 per page thereafter, plus postage. The cost of the test kits and supplements that you purchase from our office will be added to your bill at checkout. Patients are also responsible for making payment arrangements directly with laboratory and radiological service providers.

### **Payments**

Payment is required at the time of your visit, and may be made with cash, personal check or credit card (Visa, MasterCard and Discover are accepted). Patients are expected to keep their account paid in full in order to maintain ongoing treatment. Checks cannot be post-dated or held and returned checks will be subject to bank charges.



**Insurance Billing**

NeuroEndocrine Consulting LLC does not bill or accept 3<sup>rd</sup> party payments from insurance carriers, Medicare or Medicaid. We provide receipts that patients can submit to their insurance carriers for reimbursement. Typically, only office visits are eligible for coverage. Reimbursement will generally be available if your plan covers out-of-network provider services. HSA accounts can be used for qualifying items and services. Please check with your insurance carrier to confirm your covered benefits.

Nancy Benzel, PA-C has opted out of the Medicare program. No claims for reimbursement may be submitted to Medicare for her services although Medicare will continue to pay for orders for ancillary covered services (i.e. prescriptions, lab tests, diagnostic studies, etc). If you are a Medicare beneficiary (or eligible), Medicare rules require that you execute a “Medicare Private Contract” in order to receive treatment.

**Lab Results**

Interpretation of lab results is an important part of determining your health status and treatment plan. An office visit is generally necessary to discuss these results and answer your questions. We will contact you if your results require immediate attention. Otherwise, results will be discussed during your next visit or phone consultation.

You are responsible for completing lab orders and other diagnostic tests before your scheduled appointment. The processing time needed by the lab or diagnostic facility varies by the type of test ordered. Please allow at least 3 days for lab work and up to 4 weeks for specialty tests such as hormones, neurotransmitters, iodine levels and diagnostic imaging studies. These timeframes will be explained at the time the tests are ordered.

**Prescription Refills**

We review your medication and supplement lists during your visits. Please be prepared to tell us how many refills remain on each of your prescriptions so that we can determine refills and dosages while we are together reviewing your chart. If you need a refill prior to your next scheduled appointment, please have your pharmacy FAX the request to our office with 2 business days advance notice.

**HIPAA Policy and Patient Confidentiality**

NeuroEndocrine Consulting respects the privacy of protected health information and understands the importance of keeping this information confidential and secure. Please carefully review our [“Notice of HIPAA Privacy Practices”](#) that describes how your medical information may be used and disclosed and how you can get access to this information.

For your protection, we cannot release any information without your signed consent. This includes information for another provider, a spouse or family member. All patients 18 or older must sign a consent form if they wish for their health information to be discussed with a parent.

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By signing below, I acknowledge that I have read and agree to NEC’s Office and Financial Policies.

\_\_\_\_\_  
Patient (or Legal Guardian) Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Legal Guardian Name (if applicable)



NeuroEndocrine Consulting provides patients the ability to communicate via electronic mail (email) for non-urgent matters if the arrangement is agreed to by both parties. This email option is available to established patients at least 18 years old or the parent or guardian of a minor. In order to utilize email communications, you must agree to the following requirements:

**Privacy and Security of Email.** Your email may be forwarded as appropriate to respond to your request. As such, staff other than your provider may have access to emails that you send. Such access will only be in order to provide service to you. Otherwise, your email will not be forwarded without your prior consent, except as authorized/required by law.

Please do not use email to discuss sensitive information. NeuroEndocrine Consulting cannot and does not guarantee the privacy or security of any messages being sent over the Internet. NeuroEndocrine Consulting restricts access to all company email boxes and only authorized personnel can access these records. However, there is the potential that email sent over the Internet can be misdirected or intercepted and read by others.

It is also possible that information you consider sensitive in nature may be inadvertently seen by someone with access to your email application. Additionally, you should be aware that if you use email provided by your employer, any email sent on your employer's system may be viewed by your employer. If this is of concern to you, you should not communicate with us through employer-based email.

**Permanent Record.** A copy of all email communications will be documented in your medical record.

**Authenticating Your Identity.** We are required to take measures to establish that a patient requesting services by email is in fact the person the sender claims to be. You should include your full name and best daytime call-back phone number in every email message that you send. Please only use your authorized email address to send mail.

**Appropriate Uses for Email.** Email can be effective for routine requests and simple messages and may be used to request services/information and ask non-urgent questions. It should not be used in emergencies. Depending on the nature of your request, we may choose to reply to you by phone. If appropriate and with your agreement, we may reply to a voice mail message using an email response.

Email is not a substitute for an office visit. We will not engage in lengthy email messages or prolonged correspondence, and may recommend an office visit or phone consultation to better assess your needs. NeuroEndocrine Consulting may choose to stop an email exchange or discontinue email communication at any time. We will not use email to discuss highly sensitive subjects related to mental health, substance abuse, sexually transmitted diseases, drug and alcohol problems, genetic disorders, HIV status, or any serious or urgent matters.

We allow emails for the following:

- Make, change, cancel and confirm appointments: support@neuroendocrineconsulting.com
- Custom cream refill orders using the standard form available on our website.
- Simple medical questions: instructions and follow-up related to a recent or upcoming visit, medications, test kits/lab work and routine/non-sensitive lab results if the result has bearing on your treatment plan.

**Response Time, Replies and Subject Line:** We will process emails during business hours and you will receive a response within one business day (if appropriate to the request). Emails left after 3:00 pm on Thursday will be processed on Monday. Depending upon the nature of the request, we may choose to reply by phone. If you do not receive a response within this timeframe, please contact our office.



\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Authorized Email

I have been informed of and understand the risks and procedures involved with using email. I understand that the confidentiality of my individually identifiable health information may be compromised when my individually identifiable health information is sent through electronic transmission via email. I agree to the terms listed in the Patient Email Policy and I hereby voluntarily request the use of e-mail as one form of communication with NeuroEndocrine Consulting.

This Patient Email Policy & Consent along with our Notice of Privacy Practices constitutes a notice of privacy practices for email use as required by the Texas State Board of Medical Examiners.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Guardian Name (if patient is a minor)



## Medicare Private Contract

THIS CONTRACT is between Nancy Benzel, PA-C (“Practitioner”), whose principal place of business is located at 3839 Bee Cave Rd., Suite 202 Westlake Hills, TX 78746 and the below named patient (“Patient”), who is a Medicare beneficiary covered under Medicare pursuant to Section 4507 of the Balanced Budget Act of 1997.

### Patient / Medicare Beneficiary

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medicare #: \_\_\_\_\_

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

Patient’s legal representative: \_\_\_\_\_.

Where appropriate, the term “Patient’s legal representative” is substituted for “Patient” below.

The Practitioner has informed the Patient that Practitioner has opted out of Medicare for the two year period beginning on July 1, 2017 (effective date) and ending on July 1, 2019 (expiration date). A separate contract between the parties is required for each opt-out period.

The Practitioner agrees to provide treatment (“Services”) as mutually agreed upon by the parties. In exchange for the Services, Patient agrees to make payments to the Practitioner, according to the charge rates in effect at time of Service. This Contract does not obligate either party to a specific course or duration of treatment. It is limited to financial arrangements between the Practitioner and the Patient.

Practitioner may order, certify or refer Patient for Medicare-covered items and services, provided Practitioner is not paid, directly or indirectly, for such services. The Practitioner is not excluded from Medicare under sections 1128, 1156, 1892 or any other section of the Social Security Act.

Patient agrees, understands and acknowledges the following:

- Patient understands that Medicare payment will not be made for any items or services furnished by the Practitioner that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim had been submitted.
- Patient accepts full responsibility for payment of Practitioner’s charges for all services furnished by Practitioner.
- Patient agrees not to submit a claim to Medicare or to ask Practitioner to submit a claim to Medicare program.
- Patient understands that Medicare limits do not apply to what Practitioner may charge for items or services furnished by Practitioner.



## Medicare Private Contract

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- Patient understands that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.
  - Patient enters into this Contract with the knowledge that he/she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare. Patient is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.
  - Patient acknowledges that this Contract is not entered into during a time when Patient requires emergency or urgent care services
  - Patient will be provided a copy of the Contract before Services are furnished under the terms of the Contract.
  - Patient acknowledges that this document is written in sufficiently large print for Patient to read.
  - Practitioner will retain the original Contract with original signatures of both parties for the duration of the opt-out period and will be available to CMS upon request. Practitioner agrees to expediently submit appropriate affidavits with Medicare carriers to maintain opt-out.
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THIS CONTRACT is executed by the parties to be effective on \_\_\_\_\_, and end on July 1, 2019.

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Patient Signature

(Or Patient's legal representative)

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Nancy Benzel, PA-C Signature