

**Bridget Puchalsky L.Ac. M.T.C.M.**

Acupuncture ♦ Herbal Medicine ♦ Ayurveda ♦ Yoga

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California Acupuncture Board #15909 N.P.I. # 1477972735

**New Patient Information**

**Please bring to your initial visit where applicable:**

- Completed New Patient Form
- Medical insurance card(s)
- A prioritized description of symptoms.
- Physician referrals, reports, MRI studies etc.
- A list of current prescription medications and supplements/vitamins.
- Form of payment (cash, check, Health Savings Card HAS or Visa/MC).
- Your schedule, so that you may re-schedule as needed.
- Adequate time please be prepared to be in the office for about one hour per visit.

**At your first visit, we will:**

- Discuss your health history and symptoms
- Perform a physical examination of problem area(s)
- Screen for common medical conditions
- Provide you with diagnoses and a treatment plan
- Provide an initial acupuncture treatment

**Come Prepared:**

- Please eat a moderate amount of food 1-1.5 hours before your appointment; this will help to increase the effectiveness of treatment.
- Dress comfortably or wear loose clothing so that your arms and legs may be accessible. If we need to have your back or other areas that require the removal of clothes, we will drape you appropriately with a sheet.
- Please tell us if you are uncomfortable with physical touch or with discussing certain activities or aspects of the body.
- Feel free to ask any questions that may arise during your treatment. It is important that you feel informed and understand treatment with regards to your health care plan.

**The treatment plan includes:**

- The number, duration, modalities and costs of treatment
- Projected benefits, as well as any risks or side-effects

- Alternative or complementary treatment options and referrals, if/as appropriate

**Insurance information**

- If you are an insurance patient please verify your coverage either with me or with your insurance company or both prior to appointments. For Financial policies refer to below.

**Financial Policies:**

Payment for Services Rendered:

Payment is due at the time of service. As a small business cash & check is greatly appreciated, and credit cards (MasterCard and Visa) are also accepted. A \$25 service charge will be added for all returned checks.

**Non-insurance patients:** the following Rates are discounted for payment at time of service. Meaning our office will NOT bill your insurance company but can provide you with a receipt called a “Super bill” for self submitting to your insurance company. Again these are discounted due to the prompt payment in full.

Service	Fee at time of Service	Time
Initial Consultation & Treatment	\$150	55 minute
Acupuncture Follow up Treatment	\$100	55 minute
Online Consultation	\$85 \$150	30 minute 60 minute
Initial <b>Ayurvedic</b> appointment, herbal formulation & recommendations	\$150	60 minute
Follow up Ayurvedic Session, herbal formulation & recommendations	\$85	30 minute
Cupping	\$60	25 minute a la carte
Rapid release (assisted massage)	\$20 \$30	Add onto acupuncture session Add onto acupuncture session
Private Yoga Session	\$150 (single session) \$80 (ongoing sessions 5 +)	55 minutes 55 minutes
Out Call Visits Acupuncture	\$400 (initial session) \$250 (follow up session)	55 minutes

Santa Cruz New Patient Package: \$400

- One initial Consultation with Acupuncture Treatment
- Three Follow up Acupuncture Sessions
- Four Sessions total for \$400 (\$450 value with 11% savings)

**Acupuncture Packages**

- **5 Follow up Acupuncture Sessions for \$450**
- **10 Follow up Acupuncture Sessions for \$850**

**Payment for Services Rendered:**

Payment is due at the time of service. As a small business cash & check is greatly appreciated, and credit cards (MasterCard and Visa) are also accepted. You are able to use a Health Savings Account

**(HSA) debit card at anytime.** A \$25 service charge will be added for all returned checks.

**Cancellation Policy:**

**In order to provide you with the best care, please arrive 10 minutes prior to your appointment. We require 48 hours' notice of cancellation or you may be charged a fee of \$100. Please remember that failure to appear for your appointment prevents others from receiving care, and significantly impacts the practice.**

Disclosure statement:

Bridget A Puchalsky received her degree at Five Branches University; she is a California Board Certified Licensed Chinese Medicine Practitioner #15909. She was trained in the recommendation and application of adjunctive therapies and herbal medicine. The National Certification Commission certifies her in Acupuncture and Oriental Medicine.

Our office is Health Insurance Portability and Accountability Act (HIPAA) compliant. Please see the attached Privacy Policy for more details on HIPAA.

**ADDITIONAL INSURANCE INFORMATION**

For patients with insurance coverage, our office will bill insurance as a courtesy. All fees are responsibility of the patient. The following is our office fee schedule. These are the full rates and are not discounted. These rates are for services rendered that are billed to your insurance company. You will be required to either pay the full fee (if insurance verification is not done prior to appointment) or to pay an estimate of your payment percentage on the initial visit.

If your insurance is an in network plan then you will be required to pay all copayments for office visit at the time of service in cash or check. For in network patients: Landmark Healthcare, United Healthcare and Blue Shield, Blue Cross, and some American Specialty Health patients will be responsible only for coinsurance, copay and deductibles. Please note that at the beginning of calendar year you may be required to **pay estimates of services or full price for services until deductibles are met.** Billing services upfront helps my small business avoid later collections and back billing, thank you for understanding. **Payment and Patient responsibility will ultimately be determined by the EOB from the insurance company. Any overpayment will be refunded or credited to your account per request.**

Office Fee Schedule		
Code	Description	Fee
99203	New Patient Exam Routine	\$154.00
99213	Re-exam Current Patient	\$83.00
97810 / 97813	Acupuncture Treatment per unit	\$57.00 - \$61.00
97811 / 97814	Acupuncture each additional 15 minutes	\$44.00 -49.00
97140	Manual Therapy or Cupping Techniques per unit (1 unit)	\$43.00
97010	Hot or Cold Therapy	\$25.00
97026	Infrared Heat Therapy	\$35.00
97016	CUPPING Vasopneumatic per unit (1 unit)	\$35.00

**Insurance Patients:** The following is our office fee schedule; these are the full rates and are not discounted. These rates are for services rendered that are billed to your insurance company. You will be required to either pay the full fee (if insurance verification is not done prior to appointment) or to pay an estimate of your payment percentage on the initial visit. Your visits will be applied toward your yearly deductible and out of pocket expenses. Unless our office is an in-network provider with your insurance plan.

**In Network:**

If your insurance is an in network plan then you will be required to pay all copayments for office visit at the time of service in cash or check. Current plans are: Blue Cross, Blue Shield, Anthem Blue Cross, ASH Plans, ASH Groups, Landmark Healthcare.

**Non-Covered Services: Typically insurance coverage is for office visits and Acupuncture ONLY. Your insurance will not cover additional services that may be recommended including herbal consultation, nutritional consultation, vitamin and supplement consultation, and massage, Cupping, Gua Sha. If these services are indicated to treat your condition and restore balance, the recommendation will be made for you to utilize these services at our fee at time of service rates with a discount applied as an acupuncture patient on the same day as acupuncture session.**

Add On Services	Discounted Rate	Regular Rate
Cupping	\$25	\$60
Supplement Consult	\$35	\$75
Nutrition Consult	\$50	\$100
Massage	\$50	\$100

**Medical Necessity: Your insurance company may require proof of Medical Necessity via our documentation and chart notes. Please be advised that due to this requirement the coordination and execution of your benefits may be impacted. Typically the first 5-6 visits can be utilized without review, subsequent visits may need approval by your insurance company, and this will vary based on your benefits. Our office will do everything in our ability to ensure your most useful utilization, however ultimately the insurance company has the contractual right to deny additional treatments at their discretion. Please note that MOST / ALL insurance companies cover for conditions of pain management ONLY. Insurance companies typically do NOT cover for: stress, insomnia, fertility, maintenance acupuncture for wellness, menstrual symptoms, and stress management. Our office is equipped and knowledgeable to treat most medical conditions, though your health insurance may not cover conditions outside of pain management.**

*The greatest complement you can give our practice is to refer your friends and families for our health services. We appreciate the influence that your recommendation will have on others' healthcare choices.*

Dear Patient:

Below is Essential Health's *Notice of Privacy Practices*, which health care providers are required by law to provide all patients.

HIPAA (Health Insurance Portability and Accountability Act) was established by Congress to develop national safeguards to protect the confidentiality of patient medical information. The Privacy Section of this law took effect on April 14, 2003.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice.

By signing Integrative Health Care's Terms of Admission to Care, you acknowledge of receipt of this *Notice of Privacy Practices* for you and other minor family members and/or dependents that receive care with Integrative Health Care.

Respectfully,  
Bridget Puchalsky, L.Ac MTCM  
Essential Health of Santa Cruz & Los Gatos

## **NOTICE OF PRIVACY PRACTICES**

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY INTEGRATIVE HEALTH CARE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.*

*PLEASE REVIEW IT CAREFULLY  
YOU MAY KEEP THIS COPY FOR YOUR INFORMATION*

- **What is this Notice and Why is it Important?**

This notice is required by law to inform you of how your health information will be protected, how Integrative Health Care may use or disclose your health information, and about your rights regarding your health information. If you have any questions about this notice, please contact Integrative Health Care at (831) 345-4657.

- **Understanding Your Health Information**

Each time you visit Essential Health, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnosis, treatments, and a plan for future care. This information, referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal documents of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A data source for medical research and public health
- A source of data for planning facilities, marketing healthcare services and fundraising
- A tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

### **Your Health Information Rights**

You have the following rights related to your medical and billing records kept at Essential Health:

***Obtain a copy of this notice.*** You will receive a copy of this notice at your first visit after its publication. Thereafter you may request a copy of this notice or any revisions from Essential Health or by calling (831) 345-4657.

**Authorization to use your health information.** Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

**Access to your health information.** You may request a copy of your health information that Essential Health keeps in your medical or billing record. Your request must be submitted in writing. We may charge for the costs of providing you access and for your copies.

**Amend your health information.** If you believe that the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing and you may request a form for this purpose by calling (970)406-1704.

**Request confidential communications.** You may request that when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number.) We will make every reasonable effort to agree to your request.

**Limit our use or disclosure of your health information.** You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

**Accounting of disclosures.** You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or health care operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge, but will charge for subsequent lists in the same year.

### **Our Responsibilities**

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, and provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be posted in the clinic and will be available.

Except for the purpose related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have already made with your permission.

- **Examples of Uses and Disclosures for Treatment, Payment and Healthcare Operations.**

***We will use your health information to facilitate your medical treatment.***

**For example:** Any information obtained will be recorded in your record and used to determine the course of your medical treatment. This information is then available to your other health care providers, keeping treatments cohesive and progress documented.

***We will use your health information to collect payment for health care services that we provide.***

**For example:** A bill may be sent to you, your health insurance company or the responsible party. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. In some cases, information from your medical record is sent to your insurance company to explain the need for or provide additional information about your treatment.

***We will use your health information to facilitate routine healthcare operations.***

**For example:** We may use information in your record to assess the care you have received and how your progress compares to others. This information will then be used in efforts to improve the quality and effectiveness of the healthcare and other services that we provide.

***We will use your health information to notify your family and friends about your condition.***

**For example:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or your general condition. Health professionals, using their best judgment may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment of your care.

***We may use your health information to inform persons about your death.***

**For example:** We may disclose health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

- **Examples of Uses and Disclosures for Other Purposes**

***Appointment Reminders:*** We may contact you to provide appointment reminders via email software.

***Marketing:*** We may use your health information to inform you about our healthcare services, treatment alternatives or other health-related benefits and services that may be of interest to you.

***Research:*** We may contact you to request your participation in an authorized research study. If the study provides any type of healthcare treatment, the researcher will explain the benefits and risks of the treatment, how your health information will be use during the course of the study and whether any of your health information rights are affected. YOU will need to authorize the use of your health information and agree to any suspension of your rights to participate in the study, however you may revoke this authorization at any time. In some cases, we may disclose your health information to researchers when an institutional review or privacy board has approved their research. Prior to giving any information, special procedures will be established to protect the privacy of your information.

***Workers Compensation:*** We may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

***Public Health:*** We may disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease, injury or disability.

***To avert a serious threat to health or safety:*** We may use and disclose your health when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

**Correctional Institutions:** Should you be an inmate of a correctional institution, we may disclose to the institution or their agents health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.

**Food and Drug Administration (FDA):** We may disclose to the FDA your health information relating to adverse events with respect to food, nutritional supplements, products and product defects, or post- marketing surveillance information to enable product recalls, repairs or replacement.

**Business Associates:** There are some services provided in our organization through contracts with business associates. When contracted business associates provide these services, we may disclose the appropriate portions of your health information to our business associates so they can perform the job we have asked them to do. To protect your health information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.

- **Special Situations**

**Specialized Government Functions:** Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

**Regulatory Oversight:** We may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required bylaw. Your health information may also be disclosed if a workforce member believes in good faith that Integrative Health Care has engaged in unlawful conduct or has otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

- **For More Information or to Report a Problem**

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact Bridget Puchalsky L.Ac. at (970)406-1704.

If you believe we have not properly protected your privacy, have violated you privacy rights, or you disagree with a decision we have made about your rights, you may contact Integrative Health Care. You may also send a written complaint to the U.S. Department of Health and Human Services at 200 Independence Ave., S.W. Washington, DC 20201. Integrative Health Care will ensure that the care you receive at our facility will in no way be impacted if you file a complaint.