

Bio Energy Medical Center  
412 Longshore  
Ann Arbor, MI 48105  
734-995-3200

**PEDIATRIC PATIENT INITIAL CONTACT FORM:**

**Please indicate your interest in being evaluated by Bio Energy Medical Center/ Dr. Neuenschwander and becoming a patient of the practice by completing and signing the form below and returning it to the address above. Please note that Bio Energy Medical Center is a specialized consultation based practice and you must maintain a separate primary care physician for your child's general health care needs and follow-up.**

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

Street: \_\_\_\_\_

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

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

In order to schedule a new patient pediatric consultation with Dr. Neuenschwander, you must send the following items to the above address:

- This Pediatric Patient Initial Contact Form – which MUST be signed by both parents
- A check for the \$150 nonrefundable deposit, made payable to Bio Energy Medical Center
- The Practice Policy – form MUST be signed by both parents
- A completed Pediatric Patient Questionnaire

The fee for your initial consultation is \$450.00 [less the nonrefundable deposit] and includes:

- Comprehensive review of your child's history and questionnaire
- Consultation with Dr. Neuenschwander for two hours
- Treatment outline and recommendations
- A detailed receipt to submit to your insurance company for possible reimbursement

Sign \_\_\_\_\_ Date \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_