



WELCOME TO THE BRAIN RESTORATION CLINIC!!

Dear Client,

Here at the Brain Restoration Clinic, we take time and great care in partnering with our clients and their families. We seek to truly and deeply understand your condition to develop a precise, individualized treatment plan that is both safe and effective in restoring the "whole health" of our clients.

Our practice sees clients of all ages (children and adults) with a range of complex neurological problems that can be genetic, metabolic, neuro-immune, nutritional, neurodevelopmental and/or environmental origins.

We are best known for our specialized work with individuals with Autism and related spectrum disorders. We also work with clients that have PANDAS, sensory integration disorders, speech-language delay, headaches, concussions, seizures, Tourette's Syndrome, tic disorders, developmental delay, Cerebral Palsy, neurocutaneous disorders, neurometabolic/neurogenetic and neuromuscular impairments, as well as other unexplained undiagnosed and difficult to treat neurological conditions. We are also involved in research.

Thank you for allowing us to partner with you on this journey toward brain and body restoration.

Sincerely,

Jean-Ronel Corbier, MD
Board Certified Neurologist

WHAT TO EXPECT DURING YOUR SESSION WITH DR. CORBIER

YOU ARRIVE TO THE OFFICE 15 MINUTES PRIOR TO APPOINTED TIME.

- UPDATE PERSONAL FORMS AND SIGN CONSENT FORMS (IF NOT DONE PREVIOUSLY VIA THE PATIENT PORTAL)
- VITALS ARE TAKEN
- SESSION WITH DR. CORBIER
 - INITIAL CONSULTATION 60 MINUTES
 - INITIAL CONSULTATION FOLLOW UP 120 MINUTES
 - REGULAR OFFICE VISIT FOLLOW UP RANGES BETWEEN 60 - 120 MINUTES

PLEASE ALLOW ADDITIONAL 1.5 HOURS FOR YOUR INITIAL SESSION WITH DR. CORBIER

OUR GOAL IS TO PROVIDE YOU WITH THE HIGHEST LEVEL OF PERSONALIZED CARE POSSIBLE. WE ARE COMMITTED TO HELPING YOUR JOURNEY TO GOOD HEALTH.

PATIENT PLEDGE

Your health and healing depend on our commitment to doing the best we can and your commitment to:

❖ PRIMARY CARE PHYSICIAN / NEUROLOGIST

A primary neurologist/PCP (or psychiatrist is needed in case of a psychiatric disorders) other than Dr. Corbier is needed to handle acute emergencies. Examples of acute emergencies, active seizures or a client with significant psychiatric problems where inpatient care maybe needed. **We cannot see you without a PCP / Neurologist on record. The Brain Restoration Clinic does not acute handle medical emergencies.** Your PCP / Neurologist will only be contacted by the BRC clinical staff if a situation arises that requires the attention of your local provider. Dr. Corbier has chosen not have hospital privileges or hospital admitting abilities.

❖ THE BRC APPROACH

We strongly recommend that you fully commit to The Brain Restoration Clinic's medical approach to succeed. Working with multiple centers or physicians, other than your primary care physician is important to provide integrated and coordinate care. Be sure to provide a list of other physicians to coordinate a team approach.

❖ A MEMBERSHIP AND A PROCESS

Some chronic illnesses can take weeks, months or even longer to improve. If you don't see immediate results, don't give up. At Brain Restoration Clinic, healing is based on a partnership and a process. It takes time, patience and persistence to find and treat the root causes of your illness. You will have to work hard, and so will we!

❖ PRESCRIBED CHANGES

Your commitment to comply with prescribed dietary changes, supplements, and medications, as well as other treatment recommendations, is the key to healing. If you don't follow the plan with reasonable consistency, your progress will likely be stalled.

❖ NUTRITIONIST APPOINTMENTS

Our medical nutritionist is your support system for making the necessary lifestyle changes. If you maintain regular ongoing appointments with our Brain Restoration Clinic nutritionist, you'll benefit from guidance for overcoming challenges, ideas for implementing those changes and helpful resources.

❖ CLIENT/PHYSICIAN COMMITMENT

Establishing and maintaining a good working relationship with your physician here at the center, is a key element in your success. Once treatment is initiated with your physician, it is important that you remain in that physician's care and stay in regular communication with your clinical team.

❖ ONGOING SUPPORT

Functional medicine is a different approach from the existing health care model. Chronic illness can contribute to challenges with focus, cognition, energy and mood. Some of the changes that we ask of you may feel overwhelming at times. We urge every client to find support at home. Family or friends may provide support, but that is not always adequate. It is the obligation of your BRC team to identify difficulty you might be having with behaviors that are interfering with your stated goals and to recommend additional outside services. These services include a range of behavioral and mental health therapies. Refusal to follow recommended treatment may result in termination of BRC services.

I HAVE READ AND AGREE TO THE STATEMENTS ABOVE.

Please Print Your Name

Date

Client's Signature

Staff Signature

INFORMED CONSENT FORMS

APPOINTMENTS

PLEASE ARRIVE 15 MINUTES EARLY FOR YOUR APPOINTMENT.

- ❖ There's a 72-hour cancellation policy for your first Initial consultation and initial follow up visit. These visits are most important and requires a certain amount of time set aside to evaluate and develop a precise treatment plan for each individual client.
- ❖ There is a 48-hour cancellation policy for all follow-up appointments.
- ❖ As a courtesy, you'll receive an automated phone call / email to confirm the appointment prior to your scheduled time; ultimately it is your responsibility to keep the scheduled appointment or reschedule.
- ❖ New Clients are required to complete online intake forms, if this isn't complete 48 hours prior to your consultation, your visit will be cancelled and the non-refundable deposit will be accrued.

LAB TESTS

- ❖ After your initial consultation lab tests and/or diagnostic tests may be ordered.
- ❖ Testing recommendations and cost(s) per test will be reviewed. ALWAYS CONTACT YOUR INSURANCE COMPANY PRIOR TO SENDING OFF ANY TEST KIT TO A SPECIALTY LAB, FOR MORE ACCURATE COVERAGE AND/OR CO-PAYMENT INFORMATION.
- ❖ Lab tests are performed "fasting", which means nothing except water 10 hours before your visit.
- ❖ Some lab tests take up to 8 weeks to be finalized. The results will be reviewed at your consultation follow up visit. If your follow-up appointment was not booked at the time of your initial consultation, then you should contact the office to schedule a follow-up appointment.

BILLING/INSURANCE

- ❖ Payment for the office visit, phone consultation or lab tests is expected at time of service. We accept cash, check or credit cards. All credit card payments will be processed the same day of the visit or phone call. A \$35 fee will be assessed for all returned checks for insufficient funds.
- ❖ If test kits are sent to you, you will be charged the appropriate shipping fees the same day the kit is mailed.
- ❖ The Brain Restoration Clinic does not participate with any insurance carrier. We do not submit medical claims on your behalf and we cannot assist you with claim resolution. All services are strictly on a self-pay basis; however, we will provide you with a detailed invoice that you may submit to your insurance carrier for possible reimbursement. *Please note that there may be procedures and laboratory tests that are non-covered due to your individual policy/plan type.* Should you have any questions regarding your medical coverage, please contact the customer service telephone number on the back of your insurance card.
- ❖ The Brain Restoration Clinic providers do not participate in the Medicare/Medicaid program. Under the Private Contract, you acknowledge that you accept full responsibility for the payment of charges for all services rendered by the Brain Restoration Clinic; such payments are due in full at the time of service. The BRC will not require you to sign the Private Contract if you are experiencing an emergency or urgent issue.

I HAVE READ AND AGREE TO THE STATEMENTS ABOVE.

Client Signature

Date

Staff Signature

Date

RELEASE FORM FOR USE OF PHOTOGRAPH/VIDEOTAPE



Brain Restoration
1040 Edgewater Corp. Pkwy. #106
Indian Land, SC 29707
practice@brainrestorationclinic.com

Name of Participant: _____

Address: _____

I hereby give my permission to Brain Restoration to use any photos or videotape material taken of myself during [his or her] office visit. The photos and videotape material will only be used for advertisement purposes. I may at any time withdraw permission for photos or video footage of me to be used in this practice.

Signature: _____ Date: _____

CONSENT TO TREAT

I _____ (client name) give permission for **Brain Restoration Clinic** to give me medical treatment.

I understand my personal information would be shared between other providers within my office visit, phone consultation or video consultation

- I have the right to refuse any procedure or treatment.
- I have the right to discuss all medical treatments with my provider(s), patient advocate's, social workers, and other staff members of Brain Restoration Clinic.

Client's Signature

Date

Parent or Guardian Signature
(for children under 18)

Date

Print name

FOR YOUR RECORDS

Our goal is to provide you with the highest level of personalized care possible. We are committed to helping your journey to good health. Information about Dr. Corbier may be found at our website:

www.brainrestorationclinic.com.

❖ OFFICE HOURS

Our office hours are Monday-Thursday 8:30am to 5:00pm, closed for lunch from 12pm-1pm, closed on Friday. We'll update you via the patient portal or website for additional dates of closures due to holidays, weather and Dr. Corbier traveling.

❖ CANCELLATIONS/RESCHEDULING OF APPOINTMENT

There's a 72-hour cancellation policy for your Initial consultation and initial follow up visit. There is a 48-hour cancellation policy for all follow-up appointments. If failure to cancel/reschedule your visit, you'll be charge the non-refundable deposit and fees will be accrued.

❖ PRESCRIPTION REFILL REQUEST

We ask that you contact your pharmacy or have them fax over the appropriate refill request form. Our fax number is 704-541-9137. Please plan ahead to avoid any interruptions, it may take up to 48 hours to process prescription refills.

❖ PHONE CALLS/MESSAGES AND SECURED MESSAGES

We ask that you please use the patient portal preferably to communicate with us concerning your health questions. Phone calls/messages will be responded to within 24 hours during business hours. To reach the office please call 704-541-9117, fax 704-541-9137. If you leave a message after 3 pm, the office staff will return your message the next business day. If you have a medical emergency, call 911 or visit your nearest emergency room. For urgent cases contact your PCP/Primary Neurologist/Psychiatrist if you have one. Please note Dr. Corbier is NOT your primary neurologist. **Please note during given traveling dates/times Dr. Corbier will not be available to respond to ANY messages.**

When leaving a message please include the client's full name and date of birth, reason for call, and return phone number. Multiple messages will delay a response.

❖ PAYMENT OPTIONS

Cash, check or credit cards (MasterCard, Visa and Discover) are all accepted methods of payment for services rendered. Upon scheduling the initial consultation, we request a non-fundable fee of \$100. This will be applied to your initial consult unless missed or cancel appointment without proper notice.

Credit cards maybe required to keep on file for uses of payment for all appointments, labs and supplements unless otherwise specified by you at the end of your office visit.

❖ BILLING AND INSURANCE

As a courtesy, we'll provide you with an invoice upon completion of you visits to submit for insurance reimbursement. **Please consult with your provider for out-of-network eligibly. We do not file insurance.** Medicaid/Medicare patients are required to pay for services upfront, Medicaid/Medicare does not enable you to file an insurance claim you will not receive reimbursement for your visits. The Brain Restoration Clinic does not participate in the Medicare/Medicaid program. Under Private Contract, you acknowledge that you accept FULL RESPONSIBILITY for payment of all services rendered by the BRC. Payments are due in full at the time of your services.