



TDM Education Consultation Contract & Agreement



**Please read and sign this
contract prior to consultation.**



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TDM Education Consultation Contract & Agreement 1

Section 1 - Information:

I understand that all information gained in this consultation is informational and should be discussed with my doctor.

- A nurse is not legally allowed to diagnose or treat conditions.
- In a consultation, the provider will work to find a good solution for you and provide you with all information available so that you can make an informed decision or ask your doctor specific questions.
- Do not make changes to your insulin dosing without consulting your doctor first.
- Do not make changes to your medications without consulting your doctor first.
- It is possible that the provider may not have an appropriate answer to your question, in which case he will work to get an answer and or provide resources to help.



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Section 2 - Privacy:

Documents shared during consultation are considered private and not to be shared without the verbal or written consent by the provider.

- This does not include social media posts. This pertains to documents shared specifically as a result of completing a consultation.

Your private health information will not be shared without your written or verbal consent.

- Exceptions will be made if the information shared could harm another person or puts your life in immediate danger (example: intent to harm others or yourself).



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Section 3 - Payment:

Payment for consultation is required in full prior to or at the start of the consultation. Payment options include (self-pay only)

- Through website (invoice will be sent to you).
- Cash or check if in-person.
- Venmo (@Jordan-Wagner-99).

Prices are as follows and are subject to change depending on market changes. (See services guide for more information about each option).

- Initial Education Consultation - \$150 (about 1 hour)
- Follow up Education Consultation - \$75 (about 30 minutes)
- Insulin Pump Start / Troubleshooting- \$200 (about 1-2 hours)
- Group Classes - \$300 an hour, which is typically the length of one class (group classes are usually in person meetings).
- Ongoing Support: Month: \$450, 3 months: \$1,080 (20% off) 6 months: \$2,025 (25% off), 12 months: \$3,780 (30% off).

Payment plans are available if this is established before the start of consultation. Invoices will be sent to email on file.

*Prices were set after careful market research. Because TDM Education is all self-pay, 50% was taken off current going rates for education to attempt to make education more accessible for clients.



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Section 4 - Cancellation:

A notice of at least 24 hours is required prior to consultation to receive a full refund.

- If cancellation occurs with less than 24 hours of notice, you will receive 50% of the payment back.
- If a “no-show” happens and consultation does not take place, there is no refund.

Section 5 - Mode of Education:

Prior to consultation time, it will be determined if education will take place virtually or in person.

- If virtual, options include: Zoom (link will be provided to you prior to consultation), Phone Call, or FaceTime Video.
- If in person, a mutually agreed upon public location will be selected prior to consultation.
- The provider will not come to your home for consultation, unless extenuating circumstances exist.

If at any time the provider feels that continuing the education consultation is unsafe, he reserves the right to end the consultation.



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Section 6 - Needing More Help?

After consultation if you are needing more help you have multiple options.

- Schedule a follow up consultation.
- Talk with your doctor about what was discussed in consultation.
- Sign up for my email list.
- View social media posts on either Facebook or Instagram for educational tips, tricks, and more.
- Read blog or purchase an E-Guide on the website.



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Section 7 - Agreements:

I, _____ (printed name), agree to the terms and conditions listed in the above contract for an education consultation with TDM Education with Jordan R. Wagner BSN, RN, CDCES.

Signature/Date: _____

I, Jordan R. Wagner BSN, RN, CDCES agree to fulfill my portion of this contract with the person listed above on the agreed upon date and time.

Signature: _____


Jordan R. Wagner, BSN, RN, CDCES



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