

Eastside Natural Medicine
 13128 Totem Lake Blvd NE Suite 104
 Kirkland, Wa. 98034
 425-814-2045 (ph) 425-814-2783 (fax)

New Patient Registration Form

Please complete the applicable information below for yourself or your child

PATIENT NAME:	STREET ADDRESS:
DATE OF BIRTH:	CITY: STATE: ZIP:
PARENT NAME:	SOCIAL SECURITY NUMBER:
DATE OF BIRTH:	
EMAIL:	GENDER: M/F
PHONE NUMBER (H/W/C):	PHONE NUMBER (H/W/C):
MAY WE LEAVE DETAILED PHONE MESSAGES AT THIS NUMBER?	MAY WE LEAVE DETAILED PHONE MESSAGES AT THIS NUMBER?
SCHOOL/DAYCARE:	REFERRED BY:
EMERGENCY CONTACT 1 (NAME & PHONE):	EMERGENCY CONTACT 2 (NAME & PHONE):
INSURANCE COMPANY:	INSURED NAME & DOB:
MEMBER ID:	GROUP #:
DEDUCTIBLE:	CO-PAY:
<u>FOR OFFICE USE ONLY:</u>	
<input type="radio"/> PRACTICE FUSION <input type="radio"/> QUEST <input type="radio"/> FULL SLATE	CARD COPIED? COPY TO BILLING? PAPERWORK SCANNED?
DATE OF INITIAL VISIT:	INITIAL VISIT WITH WHAT PROVIDER?

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Consent for Treatment and Financial Contract

I hereby authorize all providers within Eastside Natural Medicine clinic to perform the following procedures as necessary to facilitate my diagnosis and treatment and within his/her scope of practice:

- § **General Diagnostic Procedures**
- § **Psychological Counseling, Lifestyle Counseling, or Exercise Prescriptions**
- § **Herbs/Natural Medicines/Pharmaceutical medications**
- § **Dietary Advice and Therapeutic Nutrition**
- § **Craniosacral Therapy & Massage Therapy**
- § **Chiropractic Procedures**
- § **Lactation Support Services**
- § **Women's Health, Maternity Care, & Birth Control Services**
- § **Acupuncture, moxabustion, and other TCM modalities**
- § **Minor office procedures**

Notice to Pregnant Women: All female patients must notify their provider if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy. Labor-stimulating techniques or any labor-inducing substances will not be used unless clients are specifically receiving midwifery care here at Eastside Natural Medicine, are low-risk, full-term, and supervised.

In order to establish clear communication and understanding, the following are the office policies regarding fees, insurance coverage, payments, and scheduling.

FEES: You have the right to ask what those fees are prior to the visit and be provided with a copy of the super bill at any time. You are also welcome to contact our Clinic Manager if you have questions or concerns regarding fees. If the visit runs over time due to more complex concerns, you may be charged for the extra time unless the practitioner decides otherwise.

INSURANCE: Our providers are covered by most insurance policies that serve Washington State. It is your responsibility as a patient to make sure that your insurance policy covers the provider you are seeing, and any treatment you are receiving. If any treatment is not covered by your insurance policy, you will be responsible for payment of fees in full. For clients who do not have insurance coverage for care or may qualify for 'financial hardship', there is a sliding scale and/or payment plans available. You may contact our Clinic Manager for more information regarding your coverage or a sliding scale.

PAYMENT: Payment is due at the time of service or by remitting an invoice for office visits and pharmacy products that are not covered by insurance. Any insurance co-payments are also due at the time of service or by invoice remittance. Eastside Natural Medicine will accept checks, cash, or credit card payments or by invoice remittance. Invoices and receipts are available by request. Most questions about insurance billing will be routed to the billing department, please call the office for provider-specific billing department contact information. Please keep in mind that we do not have an in-house, centralized billing service at this time and providers utilize their own outside billers. Your questions regarding billing and balances will be directed to these billers, and you may receive invoices from different billers for services rendered in this clinic.

RETURNED CHECK FEE: There is a \$25 fee for each returned check.

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APPOINTMENT CANCELLATIONS: When you schedule an appointment we reserve that time especially for you. We do not double-book patients except in emergencies. We ask that you respect our time by providing 24- to 48- hour notice of cancellation. If you do not provide at least 24-hour notice of your intent to cancel an appointment, you may be charged \$50 for a late-cancellation fee. We will do our best to run on time as we realize that you have busy lives and schedules. We appreciate your patience as we try to give each person the best possible care.

PHONE & EMAIL CONSULT: There is no charge for *brief* questions that can be answered by our billing department or Eastside Natural Medicine. If you are calling or emailing about a new or more involved health concern, you may be asked to schedule an appointment or you may be charged for a phone or email consult depending on time and complexity of concern. These consultations are generally not billable to insurance and are a non-covered service that you will receive an invoice for. Our after-hours answering service is available to current clients for urgent medical concerns, and you may be charged a \$40 fee for this service and resulting consultation.

I understand that I may ask questions regarding my treatment, fees, insurance coverage, and other aspects of our financial arrangement before signing this form. With this knowledge, I voluntarily consent to the above policies and procedures.

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by a representative or me, or otherwise permitted or required by law.

I understand that I have the right to review my record and obtain a copy of my record upon request (see *Notice of Privacy Practices*) and that obtaining a copy of my record may require payment of a fee.

I hereby certify that I have reviewed the *Notice of Privacy Practices* for Eastside Natural Medicine that is available on the clinic's website. I understand that if I have objections or concerns with this policy, I must notify Eastside Natural Medicine per the instructions in the *Notice of Privacy Practices*.

I understand this Consent for Treatment and Financial Contract applies to all providers participating in my care at Eastside Natural Medicine, even acting as separate entities within the same clinic.

Patient Name (printed)

Signature by Patient/Parent/Guardian

Date