

Rainier Valley Natural Medicine  
 6061 Martin Luther King Jr Way S  
 Seattle, WA. 98118  
 206-723-7434 (ph)

**New Patient Registration Form**

Please complete the applicable information below for yourself or your child

PATIENT NAME: _____  DATE OF BIRTH: _____	STREET ADDRESS: _____  CITY: _____ STATE: _____ ZIP: _____
PARENT NAME: _____  DATE OF BIRTH: _____	SOCIAL SECURITY NUMBER: _____
EMAIL: _____	GENDER: Male/Female
PHONE NUMBER (H/W/C): _____	PHONE NUMBER (H/W/C): _____
MAY WE LEAVE DETAILED PHONE MESSAGES AT THIS NUMBER? Yes/No _____	MAY WE LEAVE DETAILED PHONE MESSAGES AT THIS NUMBER? Yes/No _____
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: _____
<b>FOR OFFICE USE ONLY:</b>	
<input type="checkbox"/> PRACTICE FUSION <input type="checkbox"/> QUEST <input type="checkbox"/> 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 recognize that I am seeing a naturopathic physician whos' treatment protocols may include counseling, exercise, herbs, supplements, homeopathy, diet and life style changes, and medication and I hereby authorize all providers within Rainier Valley 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.

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 or doctor 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 provider is not currently covered by insurance policies that serve Washington State. It is your responsibility as a patient to inquire about visit fees because you will be responsible for payment of fees in full. For clients who do not have insurance coverage or may qualify for 'financial hardship', there is a sliding scale and/or payment plans available. You may inquire with the doctor for more information regarding your coverage or a sliding scale.

**PAYMENT:** Payment is due at the time of service. Rainier Valley Natural Medicine will accept checks, cash, or credit card payments. Invoices and receipts are available by request.

**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. 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 a \$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 Rainier Valley 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 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 Rainier Valley 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 Rainier Valley 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 Rainier Valley Natural Medicine, even acting as separate entities within the same clinic.

Patient Name (printed)

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Signature by Patient/Parent/Guardian

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Date

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