PATIENT REGISTRATION

Date:____________________ Appt with:_______________________

BEST CONTACT PHONE NUMBER:________________________________

PATIENT NAME:____

Last First MI

Home Address:____

City:____________________________________State:______________Zip:________________

Home Phone:________________________________Cell Phone:_________________________________

Social Security#:(last 4 digits)___________________Birthdate:__________________Gender: M F

Employer:_________________________________Work Phone:____________________________________

Work Address:____

Email Address:____

May we contact you at work if necessary? YES NO

May we leave a confidential message on your phone? YES NO

SPOUSE/PARTNER:____

(PARENT IF PT. IS CHILD) Last First MI

Social Security#:(last 4 digits)____________________Birthdate:_____________________________________

Employer:________________________________Work Phone:______________________________________

If you are not financially responsible, who is? (circle one) SPOUSE PARENT OTHER

Who is primary insurance holder:____

Please provide their information if different from above.

Their Name:____

Last First MI

Their Address:____

City:_____________________________________State:_____________Zip:__________________

Their Home Phone:______________________________Work Phone:_______________________________

Their Social Security#:(last 4 digits)_________________Birthdate:__________________________________

Their Employer's Name:____

INSURANCE INFORMATION: <u>Please provide your insurance card for us to copy</u>.

Name and phone number of friend or family member living in the area to contact in case of emergency:

____

Do you have another primary care provider?______Their name/office_________________________________

How did you learn about our office?____

Referred by:____

CONTINUED ON REVERSE

Healing Gardens Health Center requests your payment for services at the time of your visit. We accept cash, check and all major credit cards. If you need to make arrangements for a short term payment plan, please talk with the office manager. We will file claims for most insurances. If we are not contracted with your insurance carrier we will expect payment at the time of service but we may file your claim as a courtesy to you. Your insurance will then reimburse you. We will not file claims for auto related injuries or worker's compensation.

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby authorize Healing Gardens Health Center to furnish information to my insurance carrier concerning my medical care and treatment. A photocopy of this authorization shall be considered as valid as the original. I authorize payment of medical benefits from my insurance carrier to Healing Gardens Health Center for services rendered. I understand and agree that I am responsible for all charges including those not covered by insurance. I understand that if I miss an appointment without providing the office with at least 24 hours notice that I may be billed a minimum of $75.00.

Signature:______________________________ Date:______________________

Patient Policies:

Office hours- 8:00-5 M-Thurs & 8:00-4:00 Fridays.

Insurance- Please note when you have an appointment all co-pay's and fees are due at time of service. If you have a deductible that has not been meet we require half of the visit to be paid at time of service.

Phone Calls and Messages- phone hours 8:30-4:30 M-Thurs & 8:30- 3:30 Fridays.
We will make every effort to return your phone call in a timely manner **due to high call volume please do not leave numerous messages**. Please remember that we are caring for those patients who are in the office and are only able to return calls as time allows. This may mean it may be several hours or the next day until we are able to return all calls. Questions for the provider can be left with a staff member who will obtain an answer and return your call **providers will not call patients back it will be a nurse.** Questions can also be sent to the office email at: **healinggardenshealthcenter@hotmail.com.** If you wish to have a phone consultation with a provider we can schedule that for you. There is a charge for phone consults not billable to insurance cash pay only.

Labs- Please beware there will always be a draw fee for labs whether it goes to a local lab or a kit draw. **If our providers are ordering labs it is office policy that you as a patient follow up with the providers. Medically/ legally they are to reviews those with you at a follow up visit unless providers specify otherwise**, you will then receive copies of your labs at the time of visit no sooner unless approved by a provider.

Medication Refills
Please allow at least forty-eight hours for all refills. For refills from a pharmacy, call the pharmacy and they will contact us with the information. For refills for medications from the office, call ahead at least two days so that we have time to review your file and prepare the medications for pick up. **Please be aware for medical/legal reasons you must be seen at least once a year to have medications refilled, medications will not be refilled if you have not been seen.**

CONTINUED ON REVERSE SIDE

Missed Appointments

A minimum of twenty-four hour notice is required to cancel or reschedule an appointment. There will be a charge of $45.00 up to $75.00 for missed appointments. This charge is not billable to insurance.

Cash Pay Services

There are services we provide here that are not billable to insurance and must be paid at the time of service. Some of these include Myers infusions, medications, phone consults, letters, copies and postage.

Urgent Care Services

We allow time in the schedule to accommodate urgent care needs of our patients. Please call as early in the day as possible if you have an urgent need. If we are unable to see you we may refer you to an urgent care center or the emergency room depending on the symptoms you are having.

After Hours Care

If you should have an urgent need in the evening or on a weekend you can contact our answering service by calling the main office number-970-472-6789. Please be advised that if you elect to speak with the on call provider there may be a minimum fee of $45.00 for this service depending on the documentation and medical decision making that is needed.

Medicinal Store- phone number- 970-472-6802

For your convenience we have a store on site where you can purchase vitamins, nutritional supplements and homeopathic remedies. All our products are approved by our providers to assure the best possible quality for you. We also offer mail service for store products if needed.

Thanks,
Healing Gardens Health Center Team

Signature: ______________________________ Date: ______________