Sarah McAllister, ND
Children's Naturopathic Centre, 4444 SW Corbett Avenue, Portland OR 97239
Phone: (503) 224-2590 Fax: (503) 224-2592 Web: www.nd4kids.com

PATIENT INFORMATION & PAYMENT POLICY FORM

Patient name _____ Age _____ Date of birth _____

SSN: _____ Sex: ☐ Male ☐ Female

Address _____ City/State _____ Zip _____

Parent/Guardian _____ Occupation _____

Contact phone _____ ☐ Home ☐ Work ☐ Mobile Messages okay? ☐ Yes ☐ No

Parent/Guardian _____ Occupation _____

Contact phone _____ ☐ Home ☐ Work ☐ Mobile Messages okay? ☐ Yes ☐ No

Email* _____

Your preferred method of contact? ☐ Phone ☐ Email (Please note that email is not appropriate for urgent questions.

BILLING INFORMATION (if different from above):

Name _____ Phone _____

Address _____ City/State _____ Zip _____

EMERGENY CONTACT INFORMATION

Name _____ Relationship _____

Contact phone _____ ☐ Home ☐ Work ☐ Mobile

If you would like to authorize a partner or other person (not a legal guardian of the child) to be able to discuss your child's health or billing information with us, please list them below.

Name _____ Relationship _____

Whom may I thank for this referral? _____

AUTHORIZATION TO TREAT: *(Please initail below)*

_____ I authorize Sarah McAllister, ND to examine and treat my child.

_____ I understand that treatments and therapies recommended by Sarah McAllister, ND may be different than those offered by other licensed health care providers and that I am at liberty to seek other care for my child.

Signature of Guardian: _____ Date: _____

PAYMENT POLICY AND INSURANCE BILLING

As a patient service, I bill insurance companies. I make no guarantees about insurance coverage. I recommend that you call your insurance company and confirm that you have Naturopathic Coverage that covers Sarah McAllister, ND. Full payment of fees or co-payment is expected at the time of service. Any fees for services billed to insurance companies that are not paid are the sole responsibility of the patient's parent/guardian. If patient is a Medicare/Medicaid recipient, we cannot process their claim even if patient has other insurance.

MISSED/CANCELLED APPOINTMENTS

Last minute cancellations of scheduled appoints are difficult to fill and costly. Therefore, I ask that cancellation be made at least 48 hours to your appointment. Appointments misvsed or cancelled in less than 48 hours will incur a 50% charge. Exceptions to this policy may be made for emergency situations on a case by case basis.

_____ I have read the payment policy and accept responsibility for payment.

_____ Regardless of any secondary insurance, our service is NOT available to Medicare or Medicaid patients.

PAYMENT INFORMATION

In order for our office to better serve you, please indicate which of the following payment methods you intend to use.

_____ I will self submit my insurance claim.

_____ I would like Children's Naturopathic Centre to submit my insurance claim to: _____

_____

My copay is: _____

_____ I am private pay.

Patient Name: _____ Date of birth: _____

Parent/Guardian Signature: _____ Date _____