Heidi Peterson, ND
4031 SE Hawthorne Blvd.
Portland, OR 97214
Tel: 503-546-7663 ~ Fax: 503-505-7672
Email: heidi@doctorheidi.com
Website: doctorheidi.com

PATIENT INFORMATION

Name_____Age:_____Date of Birth:_____

Gender:_____ Email Address:_____

Address:_____

City:_____ State:_____ Zip_____

Contact Phone:_____ OK to leave messages? YES or NO

What is your preferred method of contact? EMAIL or PHONE

Emergency Contact:_____ Relationship:_____

Emergency contact phone:_____ cell / hm / work

If you would like to authorize a partner or other person to be able to discuss your health or billing information with us, please list them below.

Name_____ Relationship_____

Whom may I thank for this referral?_____

AUTHORIZATION TO TREAT (Please initial below)

_____ I authorize Heidi Peterson, ND to examine and treat me.

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

APPOINTMENT REMINDERS AND CANCELLATION POLICY :
Appointment reminders are sent via email or text 2 days before your appointment from the Elation scheduling system. We do not give phone call reminders. Appointments missed or canceled in less that 48 hours prior to their scheduled time will incur a $65 fee that cannot be billed to your insurance company. Last minute cancellations of scheduled appointments are difficult to fill and costly. Therefore, **I ask that cancellations be made at least 48 hours before your appointment- not including weekends.** Exceptions to this policy may be made for emergency situations on a case by case basis

LABORATORY CHARGES:
Please note that if you have your blood drawn in-house for labs and choose to have it processed through your insurance company, there may be additional charges and fees determined by the lab company once the claim is processed. Most lab fees go towards deductible these days. **You are responsible for finding out your benefits.** We do offer a lower-cost alternative that can be paid for at the time of service.

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Name:_____

INSURANCE BILLING POLICY
As a patient service, I will bill most insurance companies. We are unable to bill any Medicare, Medicare Advantage or Medicare Supplemental plans as they do not recognize ND as a doctor. I make no guarantees about insurance coverage. To avoid surprises, I recommend that you call your insurance company to confirm where your benefits stand for the date you are seen. Anything not covered by your insurance company is the patient's responsibility and will be billed directly to the patient. **It is the patient's responsibility to be aware of their coverage, as well as any deductibles and maximums that may apply.**

PHONE VISITS:
If you chose to have a phone visit with Dr. Peterson, **you will be charged for the visit in full.** Insurance cannot be billed for these appointments.

PRESCRIPTION REFILLS:
It is quite time consuming for Dr. Peterson to refill regular prescriptions. Please take this into consideration when it is time for a refill. In most cases Heidi will be prescribing a 90 day supply of your yearly medication with 3 refills. Please call the office when filling your last set of 90 day pills and schedule a follow-up appointment. This will allow enough time to get in to her schedule for your required follow-up. If you do not make this follow-up appointment in time for your next refill there will be a $15 fee for the urgent refill request to tide you over until your scheduled appointment.

FORMS:
If you need a FMLA form or other type of form filled out there is a **$25 charge** for this. It may require a short 15 minute visit with Dr. Peterson to gather information.

RETURNED CHECK FEE:
Returned checks will incur a fee of $25.00.

COMMUNICATION WITH DR. PETERSON:
You will be given access to a patient portal through Elation Passport. This is a direct, HIPAA compliant communication for you and your doctor. Please do not send regular emails as they may get lost. Contact the office schedule any regular appointments and supplement requests. Please note that EMAIL is not appropriate for urgent questions.

I have read and understand ALL of the above policies on Page 1 and 2. I agree to accept full responsibility for payment of services.

_____ _____
Signature Date