Heidi Peterson, ND
7005 NE Glisan St, Suite A
Portland, OR 97213
Tel: 503-546-7663 ~ Fax: 503-505-7672
Website: doctorheidi.com

PATIENT INFORMATION

Name_____Age:_____Date of Birth:_____

Gender: M F Other_____ Preferred Pronoun:_____ Email Address:_____

Address:_____City_____State_____ZIP_____

Patient Phone #:_____ OK to leave messages? YES or NO

Emergency Contact Name:_____ Contact Phone:_____

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:

_____ 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 care elsewhere.

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.*

APPOINTMENT REMINDERS AND CANCELLATION POLICY :
Appointment reminders are sent via email or text 2 days before your appointment from the Elation scheduling system. Please check your spam folders for these if you do not receive them in your regular email. We do not give phone call reminders. *Appointments missed or canceled in less that 48 hours prior to their scheduled time will incur a **$75 fee** that cannot be billed to your insurance company.* Last minute cancellations of scheduled appointments are difficult to fill and costly. **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.*** We do offer a lower-cost alternative that can be paid for at the time of service that will not be run through insurance. Please let Dr. Peterson know at the time of the appointment if this is your choice.

INSURANCE BILLING POLICY

As a patient service, I am able to bill most insurance companies for office visits. 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. 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 at the time of service.** 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. Call your pharmacy for refills and have them fax over the request to us. **Please give Dr. Peterson at least one week to fill these refill requests.** In most cases Dr. Peterson 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.** You are required to see Dr. Peterson at least once a year for her to continue prescribing medications.

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.

MAIL ORDERS:

If you require supplements or lab kits to be mailed to you a *minimum shipping fee of $10* will be charged. **You will need to pay for these supplies and shipping PRIOR to them being mailed out.** We do offer an online pharmacy delivery service for your convenience. Please see the website.

FORMS:

If you need a FMLA form or another 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 **$45.00**.

INDEPENDENT CONTRACTOR DISCLOSURE- I understand that Anisha is a Center for Holistic Health, is ***not*** an individual care provider and does ***not*** employ any of the practitioners providing care at the Center. Instead, each practitioner at Anisha, without exception, is an **independent contractor**, and is not associated with any other practitioner at Anisha. This means that each individual practitioner is solely responsible for the care, treatment, and services ordered, requested, directed or provided by that particular practitioner. There are no supervisors, and no practitioner is subject to the supervision or control of any other practitioner at Anisha. No practitioner at Anisha has authority to incur, assume, or create any liability or obligation on behalf of another practitioner. I understand that any questions or concerns I have regarding my care should be addressed with each individual practitioner directly. If I experience problems or complications with the care I receive, I understand and agree that Anisha is not responsible for these, and Anisha is not liable to me for the care and treatment I receive from these independent practitioners.

By signing here, I agree that I have read and understand the explanation of services and the disclosure provided above. All of my questions have been answered to my satisfaction.

By signing here, 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

_____

Witness