

New Patient Registration & Insurance Acknowledgement

Name, last	First	Middle	Date of Birth	Social Security # -- --
Address		City	State	Zip
<input type="checkbox"/> Minor <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Long Term Partner			Email:	
Home Phone: () -		Work Phone: () -		Mobile Phone: () -
Responsible Party (if not self):	Relationship:	Date of Birth:	SSN: -- --	
Address of Responsible Party (complete mailing, include street, city, zip)				Phone: () -
Permission to leave message <input type="checkbox"/> email <input type="checkbox"/> home phone <input type="checkbox"/> work phone <input type="checkbox"/> mobile <input type="checkbox"/> other _____				
Permission to discuss findings with <input type="checkbox"/> Primary Care Provider Other (specify)				
Emergency Contact:	Relationship:	Phone 1: () -	Phone 2: () -	
Reason for seeking consultation?				
Referred by <input type="checkbox"/> friend/relative <input type="checkbox"/> health care provider <input type="checkbox"/> ad <input type="checkbox"/> other (specify):				

Thank you for choosing Seattle Performance Medicine. Please read and acknowledge the following:

- Payment is due in full at the time of service. All major credit cards, checks and cash are accepted;
- You will be billed in full for follow up appointments that are not cancelled one **business** day (24 hours) in advance. We require two **business** days (48 hours) advanced notice for new patient appointments and exercise testing or you will be billed in full for these appointments. **(Please note that we are closed on Fridays).**
- We recognize your time is valuable and strive to be on time. If you arrive late, we may need to attend to other clients who have scheduled appointments. We will make every effort to accommodate you.
- Seattle Performance Medicine is not a participating provider (non-network) and we do not accept any insurance plan. It is your responsibility to check with your insurance carrier as to coverage for non-network providers. We do not directly bill insurance companies; however, we can provide a claim form for you to submit to your insurer. We do not guarantee reimbursement for charges incurred at Seattle Performance Medicine. Some insurance plans require a contracted Primary Care Provider to order testing, therefore, please be aware of your particular plan's requirements.
- We charge a fee for obtaining blood and processing it for lab-work. This fee is separate from the lab fee. The lab will bill your insurance directly for testing run on the specimen. Your insurance carrier will notify you of any remaining balance. This can become expensive, so it is important that if you are unaware of your coverage, you check with your insurance provider to verify your coverage.

I acknowledge that I have read this document in its entirety. I understand and accept the policy regarding insurance coverage and payment responsibility as explained herein by Seattle Performance Medicine.

 Patient Signature (or guardian if minor)

 Date