

CHAMPLAIN CENTER FOR NATURAL MEDICINE

Patient Registration Form

Patient Information

Last Name: _____ First Name: _____ MI: _____

Maiden Name: _____ Date of Birth: _____ Sex: _____

Street Address: _____

City: _____ State: _____ Zip: _____ SS#: _____

Employer/School: _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother's Name (minors only): _____ Father's Name: _____

Emergency Contact: _____ Contact's Phone #: _____

Emergency Contact is my: (specify relationship) _____

How did you hear about us? Friend/Family Medical Referral Newspaper Ad Website Yellow Pages

Responsible Party Information

This section must be completed if someone other than the patient is financially responsible for the patient's account.

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Insurance Information

Insurance Company: _____ Insurance Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

ID Number: _____ Group Number: _____

Subscriber Name: _____ Patient's Relationship to Subscriber: _____

Payment is expected at the time of service.

This includes amounts due for office visits, telephone consultations, labs, and natural medicines.

We accept cash, personal checks, and credit cards (MasterCard, Visa, American Express.)

- Returned Checks: There will be a charge of \$25 for each returned check.
Supplement Returns: Supplements may only be returned on approval for a 10% restocking fee.
Cancellations: Please notify the office at least 24 hours in advance of an appointment that needs to be rescheduled or cancelled. Failure to provide adequate notice will result in a Missed Appointment Fee.

I have read and understand the above information. I hereby acknowledge that I am financially responsible for payment of all services rendered to the patient named below and that I agree to the above-stated fees and charges.

Patient's Name (PRINT)

Patient's Guardian/Representative (PRINT)

Signature of Patient

Date

Signature of Guardian/Representative

Date