CENTRAL OREGON
Nutrition Consultants

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www.centraloregonnutrition.com

New Patient Information

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Work _____ Best time/place to call? _____

Date of birth _____ Sex: ☐ male ☐ female

Referring doctor/nurse practitioner/physician assistant: _____

Student: ☐ yes ☐ no Marital status _____

Occupation _____ Employer _____

Employer's Address _____

Person responsible for payment on this account _____

Occupation _____ Employer _____

Employer's Address _____ City _____ State _____ Zip _____

Insurance Information

Do you have any group, union or personal health and accident insurance? ☐ yes ☐ no

Name of Insured _____ Relation to patient _____ Policy # _____

Insurance Co. _____ Group # _____ ID # *(if any)* _____

Address _____ City _____ State _____ Zip _____

Phone _____

Additional Insurance Company *(if any)* _____ Group # _____

Name of Insured _____ Relation to patient _____ Policy # _____

Address _____ City _____ State _____ Zip _____

Phone _____

Financial Policy *Please read carefully and sign below.*

I clearly understand and agree that I am personally responsible for payment of all services rendered to me by Central Oregon Nutrition Consultants. I agree to allow Central Oregon Nutrition Consultants to bill my insurance company as a courtesy, permit the release of records necessary to process my claims, and authorize payments to be made directly to Lori S. Brizee for services rendered. I further understand that co-payments are due at time of service and that I will subsequently be billed for all charges not covered by my insurance company. Payment in full is due at time of service for clients without insurance coverage for nutrition therapy. **Cancellation policy: Missed appointments or cancellations with less than 24 hours notice are billed at the rate of $50.**

I have read and understand the above financial and cancellation policies.

Client's Signature _____ Date _____

Parent or Guarantor's Signature _____ Date _____