

Discover Health LLC

2955 N Highway 97, Suite 206
Bend, OR 97703

Phone: 541-241-6181
Fax: 541-610-1634

PATIENT REGISTRATION

PATIENT INFORMATION

Date _____

Full name _____
Last First MI

Gender M F

Address _____

Apt # _____

City/St _____ Zip _____ Birth date _____ Age _____

Marital Status Single Married/Partnered

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Full-time Part-time Occupation _____

Are you a student? Yes No

E-mail: _____

Primary Care Provider _____
Discover Health LLC is not a primary care clinic. Discover Health LLC is an integrative medicine practice. Our goal is partnering with patients in the healing process. We use both conventional and alternative therapies to promote health, prevent illness, and alleviate current conditions.
***CLIENTS ARE ENCOURAGED TO MAINTAIN A RELATIONSHIP WITH A PRIMARY CARE PROVIDER**

SPOUSE /PARTNER

Full Name _____ Birth date _____
Last First MI

Employer _____ Work Phone _____ Home/Cell Phone _____

Address Same as above _____ City/St _____ Zip _____

WHO MAY WE CONTACT IF WE CAN'T REACH YOU OR IN THE EVENT OF AN EMERGENCY?

Check here if Spouse/Partner

Full Name _____ Home/Cell Phone _____
Last First MI

Address Same as above _____ City/St _____ Zip _____

ALTERNATE CONTACT (Please list a person who is not living with you)

Full name _____ Home Phone _____
Last First MI

Address _____ City/St _____ Zip _____

Please provide two contacts

Notices and Signature page on back

PATIENT/RESPONSIBLE PARTY please read and sign:

- I consent to treatment by Lee Anne Hellesto NP and/or the staff of Discover Health LLC.
- I understand payment is required at the time of service.
 - Payment options include: Cash, check, debit card and most major credit cards.
- I understand that Lee Anne Hellesto NP is not a network provider with any commercial, governmental, or private health plans.
- I acknowledge that Discover Health LLC does not bill my private health insurance company directly but will provide the form needed for me to submit claims to my health insurance for reimbursement based on my insurance policy, health savings account or flexible spending plan.
- I understand supplements, essential oils, stones, etc. are not considered prescriptions and are therefore not covered by my health insurance carrier.
- I understand Lee Anne Hellesto NP has an opt-out agreement with Medicare. If I am Medicare age I will be required to sign a private contract between myself and Lee Anne Hellesto NP so that she may render services; I will be personally financially responsible for all charges upon signing the private contract.
- I authorize Discover Health LLC to furnish information to my insurance company concerning my treatments if I have submitted my claim to the carrier for reimbursement.
- I authorize the taking of photographs to document my medical condition. These photographs will not be used for marketing or other public disclosure without specific written consent by the patient or patient's guardian.
- I authorize the office to leave messages at the phone numbers I have provided concerning treatment, appointments/scheduling and financial information.
- I authorize the office to confirm my appointments via email (if I have provided an email address) and/or by telephone.
- I authorize Lee Anne Hellesto NP to obtain information on my prescription(s) from SureScripts in order to conduct electronic prescribing.
- Discover Health LLC retains the right to bill \$50.00 for missed appointments or appointments canceled with less than 24 hours notice.
- I understand there is a \$35.00 charge for non-sufficient fund checks (NSF).

I, the undersigned, acknowledge that I have read and understand and agree to the statements above:

Signature _____ Date _____