Northwest Natural Health®
A Specialty Care Clinic

TELEPHONE CONSULT AGREEMENT

Patient Name: _____ DOB: _____/_____/_____ ☐ M ☐ F

Name of Responsible Party, if a Minor: _____

Relationship to Patient: ☐Self ☐Spouse/Partner ☐Child ☐Parent

Address (if Different from Patient): _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work: _____ Cell: _____

Most insurance companies do not cover telephone consultations for Naturopathic consultations/services and the patient is directly responsible for the fees.

The fees will be determined by the complexity, length of time and coordination of care (when applicable). They are consistent with the Current Procedural Terminology (CPT) code set by the American Medical Association. Fees range from approximately $126.36 to $320.00.

If your insurance does not cover telephone consultations, we require payment by credit/debit card at time of service. If your credit card is not on file with us, please provide it and fax the completed agreement to our office at (206) 784-7444.This information will be kept confidential and only used with your explicit permission at time of service(s).

I hereby Authorize Payment for Medical Services to:

Northwest Natural Health® Specialty Care Clinic
6135 Seaview Avenue NW, Suite 300
Seattle, WA 98107
Office: (206) 784-9111- Fax (206) 784-7444
nwnaturalhealth.com

Credit or Debit Card Payment Information:

_____ _____ _____
Print Name as it appears on card | Signature of Authorized Card Holder | Date

☐Visa MasterCard ☐American Express ☐Discover

Card #:_____ Expiration: _____

Please feel free to contact us at any time regarding your treatment or status of your account. In either case, please be assured that we will provide the highest quality of care. Thank you for your confidence in our services and for allowing us to serve you.

Daniel J. Labriola, ND
Patrick L. Bufi, ND
Kathleen Speers Pratt, ND
Lisa A. Price, ND

(**Supplemental)**