

**1. Personal Info**

Please Fill-Out Entire Form Completely & Legibly.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cellular (\_\_\_\_\_) \_\_\_\_\_ Email Address (Important) \_\_\_\_\_  
 Emergency Contact Person \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ (if minor) Parent/Guardian Name and Signature \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
 ● My condition is related to:  Work  Auto Accident (State \_\_\_\_\_)  Other \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Single  Married  
 Work Status:  Currently Employed:  Retired  Disabled ( \_\_ Total or \_\_ Temporary)  Student ( \_\_ P/T \_\_ F/T)

**2. Referral Info**

**\*\*ALL INFO REQUIRED\*\***

How did you hear about us?

Friend, Family member, or Patient  
We appreciate referrals! Make sure to include name of referral so we may send them a thank you and small gift.  
First name \_\_\_\_\_ Last name \_\_\_\_\_

Did a doctor refer you? If so, please list their name.  
\_\_\_\_\_

Web Search

Print Ad

Radio or News

Word of Mouth

Other \_\_\_\_\_

**3. Payment Info**

(check only one box)

I am paying by **Cash, Credit, or Check**

I either do not have insurance or do not wish to bill this service to my insurance.

I have **INSURANCE** and would like to . . .

Have you deal directly with them. I will assign my benefits to you by completing the "Assignment of Benefits Form". Fees may apply. The following information is required prior to 1st visit.

My coinsurance/copay is \$ \_\_\_\_\_  
My deductible is \$ \_\_\_\_\_

I have an **ATTORNEY** and would like to . . .

Wait until my case settles before paying. I will complete the "Attorney Lein" form. Fees may apply.

Renew is a fully integrative health center merging traditional western medicine with alternative healthcare to provide a progressive approach to health and disease. The vision of Renew is based on a holistic approach to health care that provides services from integrative sports injury rehabilitation to family and women's health care, including anti-aging and weight loss. Expert professionals including medical doctors, chiropractors, acupuncturists, osteopathic physicians, physical therapists, marriage and family therapists, and massage therapists, are all in one convenient center to treat your every need. We are unique because of our TEAM approach. Our practitioners work together to improve your health by utilizing the diverse services offered to enable faster and longer lasting healing. We welcome patients of all ages to come and learn about improving and maintaining their health.

I have read the front and back of this form and provided accurate information to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Important Company Policies for a Successful Relationship

We strive to provide you the best personalized care available. To make this possible we adhere to a set of very important guidelines. *Please read them carefully, initial all the boxes, and indicate you are in agreement by signing at the bottom of this form.*

- Group Practice & Billing**  
All doctors and practitioners whom practice at Renew are individual business owners and bill for their own services. Please understand that each practitioner is responsible for their own care and treatment plans and have separate billing policies and insurances accepted.
- Insurance Verification**  
We verify all insurance as a courtesy to our patients. All quoted benefits state that it is not a guarantee of coverage. Please call your insurance company if you have additional questions regarding your personal policy.
- Co-pays are due upon arrival**  
If you happen to forget your wallet or checkbook we may still be able to see you upon completion of an "Extension Request" form. This is a "promise-to-pay" form and carries a minimal fee that allows you to keep your appointment.
- Late Policy "15-minutes"**  
Being late by more than 15 minutes will require you to either reschedule or wait for the next available opening. There are no guarantees since openings due to cancellations are unpredictable. We do not allow appointment overlap because this undeservedly compromises the care of another patient.
- 24-Hour Advance Notice Fee**  
If you cancel an appointment we require a minimum **24-hour advance notice**. Anything less will result in a **\$45 fee** charged to your account. It costs us money to make appointments available to you. Whether you attend or not we still accrue the expenses (for staff wages, rent, etc.). Advance notice allows someone else (who needs it) time to reserve it in place of you.
- Cell phones must be shut OFF or silent.**  
We realize emergencies may arise and therefore allow you to carry your cell phone during your session, however, please be courteous and set to silent mode or turn off. Thank you.
- Financial Hardship**  
If you are experiencing financial difficulties and are unable to afford the cost of our services we have a "Financial Hardship Form" which may be filled-out. If you qualify for financial assistance according to the Federal guidelines, we may legally assist you by waiving or discounting your (patient responsibility) portions of the bill. Ask the front desk person for assistance.
- Important Notice from the Federal Government:**  
"It is unlawful to routinely avoid paying your co-pay, deductible or coinsurance payments . . . even if your doctor allows it. Unless you complete a "Financial Hardship" form and qualify for financial assistance under Federal Standards, you may NOT routinely evade paying your responsibility portions for medical care as outlined in your insurance plan even if your doctor allows it. You both may be charged for breaking the law. This includes services deemed as "professional courtesy" and "TWIP's - Take what insurance pays". Failure to comply places you in violation of the following laws: Federal False Claims Act, Federal Anti-Kickback Statute, Federal Insurance Fraud Laws, State Insurance Fraud Laws. Failure to comply may result in civil money penalties (CMP) in accordance with the new provision section 1128 A(a)(5) of the Health Insurance Portability and Accountability Act of 1996 [section 231(h) of HIPAA]. Exceptional cases do apply. Please see contact info for more information. Office of Inspector General, Department of Health and Human Services. Contact by phone: 202 619-1343, by fax: 202 260-8512, by email: paffairs@oig.hhs.gov, by mail: Office of Inspector General, Office of Public Affairs, Department of Health and Human Services, Room 5541 Cohen Building, 333 Independence Avenue, S.W., Washington, D.C. 20201, Joel Schaer, Office of Counsel to the Inspector General, 202 619-0089."

I have read and agree with all the policies listed. Signed: \_\_\_\_\_ Date \_\_\_\_\_