



Welcome!

Welcome to Today Integrative Health + Wellness! The trust and confidence you have placed in us as a part of your care team is appreciated. As you begin your journey with us to better health there are a few things to keep in mind.

We are located within One Space Health Care on the second story of the Boones Ferry Professional Center. The address is 15962 Boones Ferry Rd Suite 204, Lake Oswego, OR 97035.

To make or change your appointment or for general questions, please call the office at (503) 675-2439. Alternatively you can schedule online at todayhealthandwellness.com. You may also leave a secure message at (503) 746-5889.

To better serve our patients who may be waiting to see their provider **we require 24 hours notice if you need to change or cancel your appointment.** You can do this by phone or on our website. A cancellation fee will be charged for abuse of this policy. If you find yourself 15 minutes or more late for your visit please call the office to reschedule.

Please bring this completed welcome packet and intake forms to your first visit or allow 30 minutes before your appointment to complete the paperwork. If you intend to use insurance for services please be aware that we do not verify benefits for our patients. For patients who are not using insurance for services, there is a time of service discount available. You will be billed for any services not covered by insurance if insurance information cannot be obtained.

If you have a medical emergency please call 911. If you are having a mental health crisis, please call the Clackamas County Crisis Line at 503-893-2010.

Our clinic is not equipped with an on-call physician. If you have non-urgent requests of your provider after hours you may call 503-746-5889 and a message will be relayed to your provider.

We are a fragrance-free clinic. Please refrain from wearing fragrance to your visit.

Thank you for choosing Today Integrative Health + Wellness. We look forward to working with you to meet your care goals!

New Patient Information

Welcome to our clinic! We look forward to helping you accomplish your health goals. Please take a moment to fill out this intake form.

Legal Name (First Last)	Preferred Name (if different)	Date of Birth
Email	Preferred Phone	Alternate Phone

Ok to leave a detailed phone message? YES

Address	City, State:	Zip
Emergency Contact and Phone	Parents name if under 18yo	

How did you hear about us?

Referral from another provider? Health Fair, Internet Search, Insurance Website, Farmers Market? If this was a referral let us know, so that we may thank them!

Your Personal Insurance Information

Primary Insurance Co	Member ID	Group No	Customer Service Phone No
Secondary Insurance Co	Member ID	Group No	Customer Service Phone No

Insurance Assignment and Release

I, the undersigned, certify that I (or my dependent) have insurance coverage with the above-listed companies and assign directly to the provider, Today Integrative Health + Wellness, payment of all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges for all services provided, whether or not paid by insurance. In the event that my insurance company denies benefits or makes a partial payment, I am responsible for any balance due.

I hereby authorize the provider to release any medical or other information necessary to secure the payment of benefits. This may include intake forms, chart notes, reports, correspondences, billing statements and any other information to my attorneys, health care providers and insurance case managers. I authorize the use of this signature on all insurance submissions.

Signature _____

Date _____

Health Insurance Verification Worksheet

Today Integrative Health + Wellness is contracted with a number of insurance companies. We bill other insurance companies as a courtesy to our patients. However, it is the patient's responsibility to be aware of coverage details. Patients are ultimately responsible for all charges resulting from office visits and treatments received. For patients without benefits, we offer a generous discount when full payment is made at the time of service. This worksheet will help you and us understand your insurance coverage. Please call member services for your insurance and have the following information available for yourself and the primary insured party on your plan: name, date of birth, insurance ID and group ID.

Representative: _____

Date of Call: _____

Reference number for the call: _____

When did my coverage begin? _____

When will it end? _____

Do I have a Deductible? Yes No

How much? _____ How much has been met? _____

Is my deductible based on: Calendar year Fiscal Year, if so what is the start date? _____

Do I have coverage for a Naturopathic Physician? Yes No

Do I pay a co-pay or co-insurance for my visits? Copay \$ _____ Co-Insurance _____ %

Is the doctor or clinic "in network" or "out of network"? In Out

If out of network, do I have out of network benefits for a Naturopathic Physician? Yes No

Is a Naturopathic Physician considered a primary care provider (PCP) on my plan? Yes No

Can my Naturopathic Physician perform my annual preventive wellness visit? Yes No

Do I need a referral from a primary care provider (PCP) for naturopathic care? Yes No

Do I prior authorization for naturopathic care? Yes No

Are there any limits or exclusions placed on my naturopathic coverage? Yes No

If yes, please list details:

What laboratory is in-network with or preferred by my insurance? Quest Lab Corp Other _____

PATIENT FINANCIAL POLICY

Payment for Services: Patient or patient's responsible party is responsible for all charges. Full payment is due at the time of service for all provided services, lab tests, telephone appointments, supplements and other supplies, postage, shipping and handling, and any additional charges incurred in connection to your healthcare.

Insured Patients

- **It is the patient's responsibility to know their benefits. We do not verify benefits on behalf of patients.** A benefit verification form has been provided for your convenience.
- Payment in full is due at the time of service for all deductibles, coinsurance, copays, and services not covered or not paid by your insurance carrier.
- Patients are responsible for all charges resulting from services provided whether or not your insurance pays your claim. Your insurance policy is a contract between you and your insurance company. Today Integrative Health + Wellness and its providers are not party to that contract.
- Patient is fully responsible for being aware of insurance coverage, limitations, and exclusions. If you have questions about your plan's coverage and exclusions, we encourage you to contact your insurer directly.
- Verification of health, motor vehicle accident, or workers' compensation insurance is performed as a courtesy to determine if there is coverage for services through your insurance carrier and is NOT a guarantee of payment of your claims by your insurance carrier.
- Patient is responsible for providing in a timely manner all accurate, current and thorough information and documentation required to verify your insurance coverage and/or bill your insurance carrier, including all primary and secondary insurance, Medicare, Medicaid, auto carriers, and workers' compensation carriers, referrals required from insurers or other providers, and most current address, phone, and other contact information.
- As a courtesy, we will submit your claims to your primary and secondary insurance carriers for covered charges, provided that we have received your plan information and verified coverage PRIOR TO rendering services.
- In the event that your insurance claim is returned unpaid because the services are not covered, you will be billed for the remaining balance for the non-covered services.

Non-Insured Patients or Patients without coverage for ND services (Self-Pay)

- Payment in full is due at the time of service in order to receive the Time-of-Service Discount.
- Time-of-Service and other courtesy discounts do not apply to supplements, diagnostic testing, telephone appointments, or if there is another discount being honored at time of service.

Labs

- **There will be a \$20 fee for all blood draws performed in our office. Blood draws are not billed to insurance.** Patients who wish to have their blood drawn by a phlebotomist that bills insurance should notify their provider who will happily coordinate care.
- In the majority of cases, payment for testing is due to the lab performing the analysis. Your financial responsibility for labs being billed to your insurance will follow rules negotiated between the lab and your insurance carrier and is not something we have prior knowledge of.

Medications / Supplements / Supplies:

- Full payment is due for all medications, supplements, and other products prescribed from our office at the time they are provided.
- Unopened and unused pre-packaged products may be returned and refunded for the original amount paid within 30 days of purchase. Refrigerated products, expired products, customized formulas, herbs, teas and other non-pre-packaged items are not refundable.

Administrative Fees:

- **Appointment Cancellations:** Appointments must be cancelled with at least 24 hours' advance notice. A \$50 fee will be charged to your account for appointments missed or cancelled with less than 24 hours' notice.
- **Returned Checks:** A Returned Check fee of \$35 will be added to your account if your check is returned by your bank for insufficient funds, in addition to the amount of the check.
- **Collection Agency Fee:** In the event of severely delinquent accounts that are turned over to a collection agency for further action, a 40% fee will be added to the balance due to cover the cost of the collection agency.

I have read and fully understand the above agreement. Copy of this signed Financial Policy available upon request

Patient Name (18 years or older)

Parent, Guardian, Responsible Party Name

Signature of Patient or Responsible Party

Date

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Today Integrative Health + Wellness. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition.

Individual Rights. You have certain rights under the federal privacy standards. These include:

(1) The right to request restrictions on the use and disclosure of your protected health information. (2) The right to receive confidential communications concerning your medical condition and treatment (3) The right to inspect and copy your protected health information (4) The right to amend or submit corrections to your protected health information (5) The right to receive an accounting of how and to whom your protected health information has been disclosed (6) the right to receive a printed copy of this notice

Today Integrative Health + Wellness Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Receptionist or the Privacy Officer/Administrator. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer/Administrator
Today Integrative Health + Wellness
PO Box 2145
Tualatin, OR 97062

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Privacy Officer/Administrator
Today Integrative Health +Wellness
PO Box 2145
Tualatin, OR 97062

Effective Date

This Notice is effective on or after July 01, 2019.

With this Signature I acknowledge that I have received this Notice of Privacy Practices.

Patient Signature: _____ **Date:** _____

If you would like a copy of this form, once signed, please ask the receptionist.

