



Snohomish Naturopathic Clinic

1101 Avenue D, Suite D103, Snohomish, WA 98290

Phone: 360.568.2686 Fax: 360.862.8016

Client Registration & HIPAA Acknowledgement

Today's Date: _____ Client Name: Last _____ First _____ MI _____

Personal Information

Birthdate _____ Age _____ Male / Female Social Security # _____ Marital Status _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Other Phone () _____ E-mail Address: _____
 Employer: _____ May we contact you at work? Yes No Work Phone () _____

Billing Information

Person Responsible for Bill: Last Name _____ First _____ MI _____ Social Security # _____ Birthdate _____
 Address _____ City _____ State _____ Zip _____
 Spouse Home Phone () _____ Work Phone () _____ Other Phone () _____
 Parent Primary Care Physician (PCP) _____ PCP Phone # () _____
 Guardian _____
 Other: _____

		Primary Insurance	Secondary Insurance
	Insurance Company		
	Subscriber Name		
	Subscriber Birthdate		
Fill out only if card is not copied	Insurance Address		
	Insurance ID#		
	Insurance Group #		

Please be sure to give your insurance card(s) to the receptionist so she can make a copy for your file.

Emergency Information

Emergency Contact? _____ Relation to Client? _____ Phone # () _____

Referral Information

Who referred you to office? _____

I certify that the above information is true and accurate and accept responsibility for all information provided. I agree that I choose to be seen at The Snohomish Naturopathic Clinic and have complied with the terms of my health coverage program. In the event that my insurance will not cover my services, I acknowledge I must pay for all charges incurred. I authorize The Snohomish Naturopathic Clinic to release any information required to process my claim.

I also acknowledge that I have received a copy of Snohomish Naturopathic Clinic's Notice of Privacy Practices.

Client Name

Signature of Legally Responsible Party

Date

For office use only	We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because (please specify): _____	Staff Initials _____
