

NATURAL WHOLE BODY HEALTH

PATIENT INTAKE FORM

Today's date: _____

Name: _____ D.O.B. _____ Age: _____ Marital Status _____

Address: _____ City/State/Zip _____

Home Tel: _____ Cell Tel: _____ Cell carrier: _____

Employer: _____ Occupation: _____ Work Tel: _____

Employer's address: _____ SS# _____

Nickname: _____ Email: _____

Spouse's Name: _____ D.O.B. _____

Spouse's Employer _____ Occupation: _____ Work Tel: _____

Spouse's Employer's address: _____

Dependent's name(s): _____

IN CASE OF EMERGENCY, NOTIFY: _____ Tel: _____

Referred by: _____ Family Physician: _____

Who is financially responsible for this bill? _____

I will be paying for today's visit by _____ cash _____ check _____ credit card

Appointments and Fee Schedule:

The fee is based on the amount of time you spend at your appointment. This will vary with the complexity of your case and is selected at the discretion of Dr. Vincent. Appointments are available in person and over the phone.

New patient/Comprehensive Visit: \$225.00 Consultation, history, physical exam, diagnostic recommendations and/or preventative counseling.

All other wellness visits include: counseling, physical exam, treatment recommendations and/or preventative counseling.

Wellness Expanded: \$115.00 (45 minutes)

Wellness Intermediate: \$90.00 (30 minutes)

Wellness Brief: \$65.00 (15 minutes)

PAYMENT ARRANGEMENTS ARE REQUESTED AT THE TIME OF YOUR VISIT

We now offer the following payment options:

_____ Payment by cash, check or credit card

_____ Automatic monthly billing to your Visa, Mastercard or American Express

_____ Authorization to keep your signature on file and to charge your Mastercard, Visa or American Express account.

Please make your choice above, sign below and return to the front desk.

Our office is a fully approved and accredited user of the Visa and Mastercard Health Care Program which will enable you to use your card to automatically cover payments not paid by your insurance.

_____ (Print) _____ (Sign)

_____ (Date)