BHRT & Integrative Wellness LLC
Christine Kallander MSN, ANP
POB 771071
Eagle River, AK 99577
Phone (907)622-2478
Fax (907)622-2479

CLIENT INFORMATION

Today's Date: _____

Client Name: _____ DOB: _____
SSN: _____

Mailing Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Parent/Legal Guardian (if different from client): _____
(Person responsible for bill if patient is under 18)

Emergency Contact: _____ Phone: _____ Relationship: _____

Responsible Party Employer: _____

Referral Source: _____

Method of Payment Today: ___ Cash/Check ___ Credit Card ___ Money Order

***CANCELLATION POLICY: <u>There is a fee charged for appointments not cancelled 24 hours prior to the scheduled appointment which is 100% of the scheduled visit charge.</u>**

CLIENT PAYMENT AGREEMENT

I understand that I am responsible for any charges NOT COVERED AND PAID by my insurance company or other third party resources.
ASSIGNMENT OF INSURANCE/BENEFITS: **By signing below, I authorize BHRT & Integrative Wellness, LLC to furnish information to insurance carriers concerning my illness and treatments, and I hereby assign to the medical provider all payments for medical services rendered to myself or my dependents.**

THIS FACILITY IS NOT ENROLLED IN FEDERAL OR STATE PROGRAMS, AND THEREFORE DOES NOT ACCEPT ASSIGNMENT OF BENEFITS FOR FINANCIAL PROGRAMS OF THIS NATURE.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____