



NPJulie - Practice Information: Read and Sign

Julie Anderson ARNP dba npjulie.com LLC

Scope of Service: Julie does not serve as a primary care provider. All patients are required to have their own primary care provider.

I have read and I understand the above paragraph Yes No regarding my primary care provider responsibility. *

Medical Emergency: Julie's availability for emergency telephone or other emergency support is limited. She is not necessarily available for after-hours calls. Any time you have a medical emergency call your primary care provider, or CALL 911.

I have read and I understand the above paragraph Yes No regarding: Julie's limited availability for help during a medical emergency; and regarding my responsibility to contact my primary care provider or 911 during a medical emergency. *

Appointments: Regular office hours are Monday through Friday 10:00 am - 4:00 pm, with some weekend availability by special appointment only. Appointments are necessary for all sessions, no exceptions. Emergency phone appointments are possible but have limited availability.

FEES: My fee is \$50 per each 15 minutes, which is \$200 per hour. Phone calls or conversations lasting more than 5 minutes will be billed at this rate. In-office therapies, such as injections, are charged depending on type of treatment. Full-fee payment is due at the time of service. Visa, MasterCard, cash, and checks are accepted. Fees are subject to change.

I have read and I understand the above paragraph Yes No regarding FEES. *

FEES, Additional Information - 1: Fees are charged for all time spent on your case. This includes: all appointments/consultations; e-mail questions and follow-up; lab test and records review; fulfilling prescription refills; writing lab test orders; consulting with other practitioners on your behalf; etc.

I have read and I understand the above paragraph Yes No called FEES, Additional Information - 1. *

FEES, Additional Information - 2 - New Patients: For most new patients the initial consultation is at least two (2) hours and thus is at least \$400, at my current fee rate of \$200/hour. A new patient consultation that takes longer than two hours is billed accordingly.

The time taken after your consultation to further work on your case, prepare your treatment plan, prepare lab order(s), etc. will be billed accordingly.



I have read and I understand the above paragraphs Yes No

called: FEES, Additional Information - 2 - New

Patients which describes the expected length of the initial consultation, the other time taken to process my case, and the fees involved. *

FEES, Additional Information - 3 - New Patients: There is a one-time non-refundable New Patient set-up fee of \$100 (one hundred dollars). Fifty dollars (\$50) of this set-up fee will be applied towards your initial (first) consultation if this consultation takes place within four (4) months (120 days) of this payment.

I have read and I understand the above paragraph Yes No

called FEES, Additional Information - 3 - New Patients

regarding the non-refundable New Patient set-up fee.

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New Patients: Before booking the first appointment new patients are required to: 1.) Have paid the non-refundable New Patient set-up fee; 2.) Have completed all requested Questionnaires; and 3.) Have supplied my office with any and all lab results and any other pertinent medical data from the past two (2) years.

I have read and I understand the above paragraph Yes No

regarding booking the first appointment for new patients, including: the requirement to pay the new patient set-up fee; the requirement to complete all supplied questionnaires; and the requirement to supply the office with all lab results and other pertinent medical data from the past two years. *

Cancellations: Full 72 hours advance notice is required for a non-fee cancellation. Missed appointments will accrue a fee equaling the time value of the appointment.

For New Patients an un-cancelled, missed first appointment will be billed at two (2) hours (\$400 at my current rate of \$200/hour).

I have read and I understand the above paragraph Yes No

regarding appointment cancellation. *

Insurance: We do not bill insurance, but do provide you with an itemized receipt for services which includes the insurance billing codes. The paid receipt will be available on your Patient Portal after your full payment due has been received and processed. You may submit a claim to your insurance company for possible reimbursement, depending on your plan. Some plans are now reimbursing for telephone consultations: you will need to contact your insurance carrier to find out if your plan does.



I have read and I understand the above paragraph Yes No
regarding insurance. *

Declining of Services: The right to decline delivery of services is reserved. A referral will be made in the instance where your best interests as a client are not being served at this office. Non-exploitive treatment is expected of the client. If necessary, resolution will be solicited, services may be declined, and appropriate intervention may be pursued should exploitive treatment occur.

I have read and I understand the above paragraph Yes No
regarding Declining of Services and Non-exploitive
treatment. *

Supplements: For your convenience supplements are available for purchase through my office. It is not necessary to purchase supplements through this office in order to be a client of this practice. Please call or e-mail prior to visiting the office to assure that the supplements you would like to purchase are available. As all supplements are prescribed, no sales tax is added to the price. We ship supplements to clients daily.

I have read and I understand the above paragraph Yes No
regarding supplements. *

At your request, my office staff will assist you with whatever you may need (help with website log-in, website navigation, filling out the Questionnaires, payment, follow-up questions, etc).

I have read and I understand the above paragraph Yes No
regarding the assistance available from Julie's office
staff. *

Philosophy of Practice: To bring the best knowledge available at the time of your appointment; to join in a partnership with you as a client with the goal of improving your health. **IMPORTANT:** There is no promise to cure any disease, but with your cooperation and attention there is confidence to improve almost any condition.

I have read and I understand Julie's Philosophy of Yes No
Practice. *

*** IMPORTANT: I have read and I understand each Yes No
of the items listed above. I agree to all items as
stated above. And I have received a copy of this
Questionnaire. *



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LLC

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If I am unable to create my signature in the Patient Signature box below, I agree that the two questions immediately below this one (and above the Signature box) will serve as my Signature agreeing to all the terms and conditions described in this entire Questionnaire. *

YES I agree. NO I do not agree.

I UNDERSTAND AND I AGREE TO ALL THE TERMS AND CONDITIONS AS DESCRIBED IN THIS ENTIRE QUESTIONNAIRE, INCLUDING EACH AND EVERY ITEM ABOVE. *

YES I agree. NO I do not agree.

Please enter (type) your full name here: * _____

PATIENT SIGNATURE (if client is under 18 or unable to sign, Parent/Guardian or other legal Assignee signature required) (If the signature function does not work you can try a different internet browser.) : _____

Today's date: _____