

Heart Spring



Health

4804 SE Lincoln St Portland OR 97215 503-956-9396

PERSONAL IDENTIFICATION INFORMATION

Please be aware that you do NOT have to provide your social security number as a form of personal identification to receive health care. However, in compliance with state and federal guidelines, HSH does require a front and back copy of your state drivers' license. Additionally, HSH may require your social security number in order to extend certain financial options to you.

Your social security number or parent/guarantor's social security number may be required when:

- Payment for any balance due is being billed to/made by another third party payor, including but not limited to the following:
 - A) Your health, motor vehicle accident, or workers' compensation insurance
 - B) Parent/guarantor, relative, attorney or any other payor agreeing to be financially responsible for charges you incur
- Payment arrangement is requested/made for any balance due not paid at the time of service
- Standard discounts are given for services, supplements, herbs, lab fees, and supplies.

I have fully read and understand the above terms for personal identification information.

Patient (18 years or older)

Date

Parent, Guardian, Responsible Party

Date

RESEARCH CONSENT

I may be contacted by Kwan Yin Healing Arts for voluntary participation in clinical research projects. I do, however, have the right to refuse these programs without jeopardizing my future care at Heart Spring Health in any way.

I have read and understand the above agreements and authorizations.

Patient Signature or Guardian if patient is a minor

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NON-COVERED SERVICES WAIVER/ACKNOWLEDGEMENT

MEDICARE / MEDICAID

I understand and agree to the following:

- It is my full responsibility to inform staff and providers of HSH that I am a Medicare and/or Medicaid member *prior to* scheduling an appointment or receiving services.
- Medicare currently does not recognize, contract with, or cover alternative care (CAM) providers; any services provided to me or charges incurred by me as a Medicare member are my full financial responsibility.
- HSH is not contracted with any Medicaid plans; any services provided to me or charges incurred by me as a Medicaid member are my full financial responsibility.
- If I am a both a Medicare and Medicaid member and choose to receive services at HSH, I am fully aware that payments for any services, supplements, supplies, etc. are my full financial responsibility and **these charges cannot be billed** by either me or HSH to Medicare or Medicaid.

SERVICES/SUPPLEMENTS/SUPPLIES

I understand and agree to the following:

- Any and all supplements, supplies, herbs, formulas, etc. prescribed by my provider and/or purchased by me at HSH are my full financial responsibility with payment to be made at the time of service/purchase.
- HSH does not bill insurance carriers, health saving plans or any other like entities for any supplements, herbs, formulas, or supplies. It is my full responsibility to submit the required information to these entities for reimbursement.
- Treatment/services such as moxa, cupping, hydrotherapy, energy work, injections, IV therapy, etc. are generally not covered by insurance carriers and are my full financial responsibility (*except where specifically determined by my insurance carrier as included in the primary treatment/service being rendered and clearly stated in the insurance contract with the treating provider*).
- It is my full financial responsibility to pay for any charges previously covered/paid by my insurance carrier to the provider and/or HSH which: **1)** is later deemed by my insurance carrier to not be “medically necessary”, and **2)** has resulted in a partial or full refund request by my insurance carrier from the provider or HSH.
- Please note that opened supplements purchased through HSH cannot be refunded.

I have fully read and understand the above agreements and information.

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STATEMENT OF INFORMED CONSENT

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended allopathic as well as integrative and complementary procedures that are used to treat this condition and your general health. While the risk of complications or side effects from any treatments is rare, it is our policy to inform our patients about them. These complications may include, but are not limited to, soreness, bruising, itching, burns, and temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side effects and complications of specific treatments is available upon request.

Naturopathic medicine addresses health conditions by treating the patient holistically to improve their health rather than treat the actual disease, condition, or diagnosis. Therefore, the way in which we choose to treat people will often be different than the conventional care of your MD. It is our policy to always inform you of the procedure being performed and any risks and alternative treatments available to you.

Naturopathic evaluation and treatment may include, but are not limited to:

- Physical exam (including general, musculoskeletal, EENT, heart and lung, orthopedic and neurological assessments)
- Common diagnostic procedures (including venipuncture, pap smears, diagnostic imaging, laboratory
- Evaluation of blood, urine, stool and saliva)
- Soft tissue and osseous manipulation (including therapeutic massage, deep tissue massage, neuromuscular technique, naturopathic/osseous manipulation of the spine and extremities, pregnancy massage (to relieve muscular discomfort associated with pregnancy), muscle energy technique and cranio-sacral therapy)
- Dietary advice and therapeutic nutrition (including use of foods, diet plans, nutritional supplements and intra-muscular vitamin injections)
- Botanical/ herbal medicines, prescribing of various therapeutic substances including plant, mineral, and animal materials. Substances may be given in the forms of teas, pills, creams, powders, tinctures which may contain alcohol, suppositories, tropical creams, pastes, plasters, washes or other forms
- Homeopathic remedies (highly diluted quantities of naturally occurring substances)
- Hydrotherapy (use of hot and cold water, may include transcutaneous electrode stimulation)
- Counseling (including but not limited to visualization for improved lifestyle strategies)
- Craniosacral (through light touch supporting the subtle movement of bones, cranial fluid, and lymphatic system)
- Over the counter and prescription medications (including only those medications on the Formulary of Oregon Naturopathic Physicians)

Classical Chinese medicine and Acupuncture evaluation and treatment may include, but are not limited to:

- Acupuncture (insertion of specialized disposable stainless steel sterilized needles through the skin into underlying tissues at specific points on the bodies surface)
- Use of electrical, mechanical and magnetic devices
- Moxa (indirect burning of herbal material in the form of a loosely compacted herb or stick
- Cupping (used to relieve symptoms of pain and chest congestion in which glass cups are placed on the skin with a vacuum created by heat)
- Tuina (ancient Chinese massage)
- Dietary advice (based on traditional Chinese medicine theory)

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- Herbs (use of herbal formulas in the form of teas, powders, tinctures, pastes, and plasters, which may be taken internally or used externally as a wash. Formulas may include shells, minerals and animal materials)

Potential benefits: Restoration of the body's maximal and optimal functioning capacity, relief of pain and other symptoms of disease, assistance with injury and disease recovery, and prevention of disease or its progression.

Potential risks: Pain, discomfort, blistering, minor bruising, discoloration, infections, burns, itching; loss of consciousness and deep tissue injury from needle insertions, pneumothorax, allergic reaction to prescribed herbs, supplements; soft tissue or bony injury from physical manipulations; aggravation of pre-existing symptoms.

Notice to pregnant women: All female patients must alert the provider if they have confirmed or suspect pregnancy as some of the therapies prescribed could present a risk to the pregnancy. Labor- stimulating techniques or any labor-inducing substances will not be used unless the treatment is specifically for the induction of labor and any treatment intended to induce labor requires a signed letter from a primary care provider authorizing or recommending such treatment.

Notice to individuals with bleeding disorders, pace makers, and/ or cancer. For your safety it is vital to alert your provider, Dr. Serron Wilkie, of these conditions.

- I understand that Dr. Serron Wilkie is not licensed to prescribe any controlled substances (ie testosterone, benzodiazapines etc).
- I understand that Dr. Serron Wilkie, will only prescribe medications if she believes that they are in the best interest of the patient. Appropriate referrals will be provided to manage my prescriptive medication needs.
- I understand the US Food and Drug Administration has not approved nutritional, herbal and homeopathic substances; however these have been used widely in Europe, China and the USA for more years than pharmaceuticals.

The treatment you receive in this clinic is voluntary and you are voluntarily consenting and authorizing these treatments and procedures. Please understand that you can refuse treatment and or procedures at any time and such requests will be respected.

No warranty or guarantee has been made to as to result of care. Serron Wilkie N.D. is a Naturopathic Physician. It is important that you provide all pertinent information in order to facilitate proper treatment and the best medical care possible. Reactions to treatment can be minimized when the doctor is carefully told about all medications you are on including prescription, herbal, and over-the counter medications. There is some risk of reaction to treatment that cannot be predetermined, and that it is important for you to contact the doctor immediately if a reaction occurs in order to properly manage the situation as soon as possible.

By signing this, you agree that you will not discontinue any medications or treatment without the approval of the prescribing or qualified doctor.

I have fully read and understand the above statements above.

Patient Signature or Guardian if patient is a minor

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STATEMENT OF FINANCIAL RESPONSIBILITY

I understand and agree to the following general responsibilities:

- Financial options extended to me are based on the personal identification information and documentation I have provided.
- I am responsible as the patient or patient's guarantor for full payment of services rendered at the time of service, including all supplements, herbal formulas, supplies, lab work and tests, and physician ordered add-on lab work and tests, as well as any additional expenses incurred in connection to my healthcare, such as: postage and delivery, shipping and handling, and phone calls to the provider or clinic wherein medical advice is provided.
- I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, I agree to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the HSH to release information necessary to secure payment.
- I understand that there will be a minimum \$45 fee for any appointment not cancelled within 24 hours of the scheduled appointment, but that late cancellation/missed appointment fees may vary dependent upon individual providers. Please ask your provider about his/her late cancellation and missed appointment fees or ask the front desk staff for further clarification.
- Fees and rates are adjusted periodically and therefore may increase during the term of our engagement. While we will do our best to avoid unknown adjustments, on occasion such changes may occur without written notice.

I understand and agree to the following with regards to current and/or future insurance billing:

- The verification of my health, motor vehicle accident, or workers' compensation insurance is used to determine if there is coverage for services through my insurance carrier and is NOT a guarantee of payment by my insurance carrier; I am fully responsible for being aware of any coverage exclusions.
- I am responsible for providing in a timely manner all accurate and thorough documentation required to verify my insurance coverage and/or bill my insurance carrier, including all relevant Coordination of Benefits information such as primary and secondary insurance, Medicare, Medicaid, etc.
- I understand that HSH can require presentation of proof of insurance at any time, and that my insurance may need to be re-verified for specific coverage details as often as every six months.
- I am responsible for full payment of all services if any of the information I have provided is incorrect, falsified, or not provided in a timely manner and has resulted in HSH's inability to directly bill for and/or receive reimbursement from my insurance carrier.
- I am responsible for full and timely payment of all insurance co-pays, deductibles, and co-insurance balances due, including any and all services not covered or paid by my insurance carrier (subject to individual provider insurance contract provisions).
- I may forfeit the privilege of billing my insurance carrier if I do not comply with any of my financial responsibilities or documentation requirements.

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- I authorize release of information in my medical history to my insurance carrier and assign all benefits for unpaid services to HSH. This release applies to support of the insurance billing process only.

I have fully read and understand the above agreements and authorizations.

Patient (18 years or older)

Date

Parent, Guardian, Responsible Party

Date