

Erica Peirson, N.D., LLC

2143 NE Broadway
Portland, OR 97232
(503) 209-9041

Dear New Patient,

Thank you for choosing me as your Naturopathic Physician. I look forward to helping you with your healthcare needs and encourage your questions and participation in all aspects of your healthcare.

Initials Payment for all services and dispensary items is due at the time of the visit.

Initials I am not a provider on all insurance plans, therefore you may be required to bill your own insurance. I will provide you with all the necessary information for you to send your claim for reimbursement. You have the primary relationship with your insurance company and are responsible for the entire amount that is owed.

Initials I give permission to Erica Peirson, N.D. to contact me via telephone or e-mail and to leave a message that may contain appointment or medical information if I am not available.

As the patient, you are responsible for the total charges incurred for each visit. I accept MasterCard, VISA, Debit cards, checks and cash.

You recognize, understand and agree that Erica Peirson, N.D. is an independent practitioner and is not a partner or otherwise affiliated with any other health care providers who may be providing similar services at Awakening Lotus Healing Arts Center.

I have read and understand the above-stated policies and will comply with them. If my insurance company requires release of my medical records, I hereby give my permission by signing this form.

Signature (parent signature if patient is a minor)

Printed name (parent and patient name if patient is a minor)

Date