



Mona Bhalla, ND, LLC
 443 NE Knott St
 Portland, Oregon 97212

Insurance information, consent to treat, and payment policy for patients of Mona Bhalla, ND, LLC

Name _____ Telephone _____
 Address _____ Date of first visit to clinic _____
 _____ SSN _____
 Date of birth _____

Insurance coverage

Name of insured _____ SSN of insured _____
 Date of birth of insured _____ Employer _____
 Address and telephone of employer _____

Insured relationship to patient self spouse child partner
 other _____ Insured is male female

Insurance company _____ Address _____

Telephone _____ Adjuster _____

Group or plan number _____ Claim number _____
 (Workers comp)

Emergency telephone number _____

Consent form and agreement

Naturopathic therapeutic procedures are considered safe and effective methods of care. Occasionally, however, complications may arise. Any procedure intended to help may have complications. While the chances of experiencing complications are small, it is the practice of Mona Bhalla, ND, LLC, to inform patients about them. These complications may include, but are not limited to, soreness, inflammation, soft tissue injury or bruising, dizziness, or temporary worsening of symptoms. More serious complications are extremely rare. Additional information on side effects and complications is available upon request. It is also our policy to inform patients of procedures being performed and the risks and alternative treatments available. If your physician does not explain these risks to your satisfaction, please ask for more information.

I have read and understand the above statements regarding treatment side effects and I also understand that there is no guarantee for a specific cure or result.

Signature of patient

Date

Agreement to payment policy of Mona Bhalla, ND, LLC

By signing below, I understand that full payment for all services and products I receive from Mona Bhalla, ND, LLC, is required at the time of service. Any failure to make an appointment cancellation with Mona Bhalla, ND, LLC within 24 hours of the scheduled time, unless due to an emergency, is subject to a \$60 charge to the patient. Further, I understand that Mona Bhalla, ND, LLC, may submit my bill to my insurance carrier on my behalf, if I so request, and that Mona Bhalla, ND, LLC, cannot be held responsible for either the amount of reimbursement I receive or any delay between the time of submission and the time of reimbursement.

Signature of patient