Print Name

TINA MARCANTEL, ND NATUROPATHIC PHYSICIAN 6589 S. Kings Ranch Rd., Ste. 102B Gold Canyon, AZ 85118 Tel: 480-738-1647 Fax: 480-779-6317

PATIENT REGISTRATION and PERSONAL INFORMATION (Please Print Clearly)

PATIENT'S FULL NAME		SEX	
HOME ADDRESS			
CITY	STATE	ZIP CODE	
AGE			
DATE OF BIRTH/	/ PLACE OF E	BIRTH	
MOBILE PHONE	OTHE	R PHONE	
	SINGLE WIDOWED		_
CITY	STATEZIP CODE	EPHONE	
I UNDERSTAND AND AGREE T RESPONSIBLE FOR ALL CHARGES	THAT REGARDLESS OF I	MY INSURANCE, I AM FINANCIALLY DERSTAND AND AGREE THAT I WILL PAY RESCHEDULE AN APPOINTMENT WITH	Y
SIGNATURE		DATE	

	Print Na	me				
What are your 3 most importa	nt health	concerns in o	rder of impor	tance?		
1						
2						
3						
CONDITION	SELF	MOTHER	FATHER	SIBLING	CHILDREN	GRAND PARENTS
ALCOHOL						
ALLERGIES						
ANEMIA						
ARTHRITIS						
ASTHMA						
BLEEDING PROBLEMS	 					
CANCER						
CANCER DIABETES						
CANCER DIABETES DRUGS						
CANCER DIABETES DRUGS SKIN CONDITIONS						
CANCER DIABETES DRUGS						

LIST OPERATIONS, MAJOR INJURIES, OR OTHER MEDICAL PROBLEMS – INCLUDE DATE

HEART PROBLEMS

MENTAL DISORDER

PROSTATE PROBLEMS

THYROID PROBLEMS

VENEREAL DISEASE WEIGHT PROBLEMS

HEPATITIS
HIGH BLOOD
PRESSURE
MENOPAUSE

MIGRAINES PERIOD

PMS

STROKE

ULCERS

ABNORMALITY

DATE	PROCEDURE OR EVENT	RESIDUAL/LINGERING EFFECT

	Print Name	
	Dx	
	ALLERGIES	
Preferred pharma	cy name & phone number	
CURRENT PRESC	CRIPTION MEDICATIONS	
START DATE		DOSAGE
	AND/OR VITAMINS	
START DATE	NAME OF SUPPLEMENT AND REASON FOR USE	DOSAGE
	I .	

Print Name
Please Read and Initial
Cost of Services Initial intake visit (approx. 1 hour): \$300.00. Follow-up visits are typically 15 minutes to 1 hour (\$65.00-\$220.00). Please ask for specific prices before receiving treatment.
Note: Prices for services are subject to change without notice. For a complete listing of our current prices, please see our website (www.drmarcantel.com) or ask our receptionist for a price list. INITIAL
Contacting our Office If you have any questions or medical updates pertaining to your treatment protocol, you must call to schedule a phone or office visit to consult with the doctor.
INITIAL
Insurance We collect payment for services and test kits in full at the time of service. Most naturopathic services are not covered by insurance. However, some may be covered by some insurance plans; check with your insurance company to determine if this is a covered benefit. Dr. Marcantel is not in-network with any insurance providers and does not submit billing claims. At your request, a superbill will be provided for you to send in to your insurance company for possible out-of-network reimbursement. Please contact your insurance provider directly with questions about covered services. Medicare, Medicaid, AHCCCS, and Tricare do not cover naturopathic services. We do not accept Care Credit. If you would like to file to your insurance, please request an itemized receipt and superbill with all pertinent codes and information.
INITIAL
<u>Cancellation Policy</u> A fee of \$50.00 is incurred if an appointment is cancelled with less than 48 hours notice.

Informed Consent

____INITIAL

Your signature below verifies the understanding of the information above and also gives Dr. Tina Marcantel, an Arizona state licensed naturopathic physician, consent for naturopathic treatment for you or the minor for whom you are legally in charge.

Signature X	DATE	
Name of Minor Patient	Relation to Minor	

Print Name	

Dr. Tina Marcantel 6589 S. Kings Ranch Road, Suite 102B Gold Canyon, AZ 85118 (480) 738-1647

Our office is located on Kings Ranch Road about one mile north of US 60 in Gold Canyon. When coming from the west (Apache Junction) on Highway 60, turn **left** onto Kings Ranch Road. We are on the right side of the road across from the Methodist church.

Our office is in **Executive Suites, Suite 102**, right next to **Gold Canyon Dentistry**. We are in Suite 102B.

