

Welcome to The Seattle Digestive Health Clinic!

Please take a moment and fill out the information below:

Patient Information:

Today's Date _____

Full Name _____ Date of Birth _____ Age _____

Parent or Guardian Name (if patient under 18) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Gender: M F

E-mail Address _____ Social Security Number _____

Relationship Status: Married/Partnered Divorced Widowed Single Spouse's Name _____

Employer _____ Position _____

Emergency Contact _____ Relation to Patient _____

Phone _____ E-mail Address _____

How did you hear about The Seattle Digestive Health Clinic?

PATIENT SIGNATURE _____ **DATE** _____
(or parent/ guardian if patient is a minor)

Insurance Information

Are you using Insurance? Yes No

Insurance Company _____

Insurance # with Prefixes and Suffixes _____

Insurance Group # _____

Are you the Primary insurance holder? Yes No

If **Yes**, please skip to signature at the bottom of this page.

If **No**, please fill out the remainder of this page.

If answered **No** above:

Relationship to Primary insurance holder:

Spouse Child Other - Describe: _____

Primary insurance holder's information

Full Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone Number - _____ Home Cell Work

E-mail Address _____

Gender: M F

**Please bring your Insurance card with you
to your first office visit**

PATIENT SIGNATURE _____ **DATE** _____

(or parent/ guardian if patient is a minor)

CLINIC POLICY

Please take a moment to read the following clinic policy.

FEES: Fees are set by Dr. Jeff Metzger. You have the right to know the fee schedule prior to your visit.

INSURANCE: The Seattle Digestive Health Clinic takes most insurance policies. Ask ahead of time.

***You are responsible for making sure that your insurance policy covers Dr. Metzger's services and that your insurance is current (not lapsed).**

PAYMENT: Payment is due in full at the time of service. Cash and personal checks are accepted. At this time, we do not accept credit cards. **Insurance** – patient is responsible for all copays, deductibles, etc. and any services not covered by patients particular policy with the Insurance Co.

RETURNED CHECK FEES: There is a \$25 returned check fee.

APPOINTMENT CANCELLATIONS: Your appointment time is reserved especially for you; The Seattle Digestive Health Clinic does not double-book. Please respect your commitment to this reserved time by providing at least a 24-hour notice of cancellation. The fee for missed appointments or an appointment canceled with less than 24 hours' notice is \$50. The Seattle Digestive Health Clinic prioritizes having an on-time practice. Please commit to arriving on-time as well.

PHONE CONSULTS: There is no charge for brief questions over the telephone that pertain to existing health concerns. New health concerns will likely warrant an office visit in order to ensure that your situation is given the time and space it deserves. Dr. Metzger will gladly consult with you by telephone if an office visit requires undue travel or other transportation hardship.

I AGREE TO THE ABOVE CLINIC POLICY.

Signature

_____/_____/_____
Date

The Seattle Digestive Health Clinic
1417 NW 54th Street #401 Seattle, WA 98107
206-802-8355 Fax 206-877-0380

Notice of Privacy Practices – Acknowledgement

The Seattle Digestive Health Clinic keeps a record of all health care services rendered. You may ask to see a copy of that record. You may also ask to correct that record. The clinic will not disclose your record unless you direct him to do so or the law compels him to do so.

The attached **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

My signature below indicates that I acknowledge receipt of the Notice of Privacy Practices.

Patient or legally authorized signature

Date

Time

Printed name if signed on behalf of patient

Relationship to patient

This form will be retained in your medical record.