

Welcome to Mukilteo Natural Health Clinic

New Patient Registration

www.MukilteoNaturalHealth.com



425-347-1951



425-438-1761



610 5th Street Mukilteo, Wa 98275
info@MukilteoNaturalHealth.com

Please fill out completely

Patient Name: Last _____ First _____ MI _____

Birthdate _____ Age _____ Gender _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Employer _____ Occupation _____ Work Phone _____

Employment: ☐ F/T Employed ☐ P/T Employed ☐ F/T Student ☐ P/T Student ☐ Retired ☐ Other

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Dependent ☐ Partnered ☐ Other

Emergency Contact _____ Relation _____ Phone _____

We're so happy you found us! Referred by _____ Other _____

(Refer your friends and receive a \$25 credit to your account)

Primary Insurance

Secondary Insurance

Insurance Company

Phone Number

Claims Address

Subscribers Name

Subscribers Birthdate

Subscribers Address

Relationship to you

Insurance ID (as shown on card)

Group #

Employer of Insured

** Please give insurance card(s) to reception so we can make a copy for your chart **

I certify that the above information is true and accurate and accept responsibility for all information provided. I understand that I am financially responsible for all charges and agree to pay for services. I understand that in the event that my insurance will not cover my serviced or I fail to provide complete and accurate billing information at the time of service I may be billed and held responsible for all charges. I understand that if I fail to cancel an appointment at least 24 business hours in advance, I may be assessed a fee. I authorize Mukilteo Natural Health to release to my insurance company(ies) any and all information necessary to process my claim. I further authorize that payments be made directly to the physician.

Signature _____ Date _____