

# Seattle Healing Arts

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## PATIENT REGISTRATION

*Please fill out completely*

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Mobile Phone #:** \_\_\_\_\_ **MSG Okay:** ( ) YES ( ) NO

**Gender Identity:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **MSG Okay:** ( ) YES ( ) NO

**Employer:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_ **MSG Okay:** ( ) YES ( ) NO

**Employment:** ( ) Employed ( ) F/T Student ( ) P/T Student ( ) Retired ( ) Other

**Marital Status:** ( ) Single ( ) Married ( ) Divorced ( ) Widowed ( ) Dependent ( ) Partnered ( ) Other

**Responsible Party:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, ST, ZIP:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Referred By:** \_\_\_\_\_

## PRIMARY INSURANCE

**Insurance Company Name:** \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_ ( ) Self ( ) Spouse ( ) Dependant ( ) Other

**I.D. # as shown on card:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

## SECONDARY INSURANCE

**Insurance Company Name:** \_\_\_\_\_

**Subscriber's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_ ( ) Self ( ) Spouse ( ) Dependant ( ) Other

**I.D. # as shown on card:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

*I understand that am financially responsible for all charges and agree to pay for services. I understand that if 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 the doctor to release to my insurance company(ies) any and all information necessary to process my claim. I further authorize that payments to be made directly to the physician.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_