



White Pine Holistic Medicine
 Sally D. Haley, M.D.
 93 Church Road, Brunswick, ME 04011
 Phone: (207) 798-5907 - Fax: (207) 729-5757
 http://www.sallyhaleymd.com

Patient & Insurance Information

Patient Information

Date: _____
 Name: _____
 Date of birth: _____ Social Security #: _____
 Address: _____
 City, State, Zip: _____
 Mailing address (if different): _____
 Home ☎: _____ Work ☎: _____ Cell/Pager/Other: _____
 Please circle a phone number where we may leave confidential information, if we are not able to reach you in person.
 If you do not have a confidential number, please check here:
 Email address: _____
 Occupation: _____ Employer: _____
 Employer address: _____
 Employer phone: _____
 Single Married Separated Divorced Partnered Widowed Minor (under 18)
 Emergency contact name, relationship: _____
 Emergency contact phone: _____
 Whom may we thank for referring you? _____

Health Care Provider(s)

Primary care provider: _____ Phone: _____
 Specialist(s) you see: _____

Insurance Information

Name of Insurance company: _____
 Address: _____
 Insured / Guarantor: Male / Female Insurance Phone: _____
 Name: _____ Policy number: _____
 DOB (mm/dd/yy): _____ Group number: _____
 Social security #: _____
 Additional insurance: _____

I authorize the release of any medical information necessary to process my claim(s).

I authorize payment of medical benefits to White Pine Holistic Medicine – Sally Haley, MD.

Signature _____ Date _____

Signature _____ Date _____

Financial agreement

I claim full financial responsibility for services provided at White Pine Holistic Medicine and I understand that payment is required in full at the time of service.

Signature _____ Date _____

White Pine Holistic Medicine Policies

Please review this page and bring it to your first appointment, to be signed at the office.

1. **Fees.** Fees for service vary according to the time we spend with you and the complexity of the problems we work on at your visit. When you make your appointment, we can give you an approximate charge based on the estimated time of the visit. Any outstanding balance will be due on or before your next scheduled visit, unless otherwise arranged with our office. We expect payment at the time of each visit in cash, check, MasterCard or Visa. We must charge \$25 for returned checks.
2. **Additional fees.** Laboratories, x-rays and consultants outside White Pine Holistic Medicine will send their bills to you directly. These may include any type of analysis done outside our office.
3. **Cancellation policy.** We have a 24-hour cancellation policy. If you must cancel or reschedule an appointment, please notify us as soon as possible so that other patients can be seen. If you cancel with less than 24 hours notice, or do not show up for your visit, you may be charged. After hours, messages can be left on our voicemail.

We hope these guidelines are helpful. It is our goal to be as clear as possible about these expectations to avoid confusion and misunderstanding.

If you have any questions that are not answered here, please feel free to call our office at (207) 798-5907 before your appointment.

We always appreciate your comments about how our services can better meet your needs.

Sincerely,

Providers and Staff
White Pine Holistic Medicine

By my signature, I certify that I understand and agree to the above policies.

Client signature

Date