

## DIGESTIVE WELLNESS PATIENT REGISTRATION

<i>Demographics</i>					
Patient Name:	First	Middle	Last	Date of Birth:	Gender:
Home Address:	City:		State:	Zip Code:	
E-mail address:	Home Phone:		Daytime Phone:		
Parent/Guardian Name:			Relationship to Patient:		
Home Phone:			Daytime Phone:		
Primary Care Physician:	Address:		Phone:		
Referring Physician:	Address:		Phone:		

**My preferred method of communication is:**    Cell Phone    Home Phone    Email

<i>Health History</i>	
List All Health Concerns	Duration of Problem
1.	
2.	
3.	
4.	
List All Surgeries	Date of Surgery
1.	
2.	
3.	

Circle All Medical Conditions Previously Diagnosed				
Arthritis, Rheumatoid	Crohn's Disease	Hypoglycemia	Fructose Intolerance	
Arthritis, Osteo	Depression	Interstitial Cystitis	High Cholesterol:	
Asthma	Diabetes	Irritable Bowel Syndrome	Food Allergies:	
Attention Deficit Disorder	Eczema	Lactose Intolerance	Other:	
Celiac Disease	Gastroesophageal Reflux	Migraine	Other:	
Chronic Fatigue Syndrome	Hives	Rhinitis	Other:	
Colitis	High Blood Pressure	Ulcerative Colitis	Other:	
Is there any family medical history we should be aware of?				
Is there any other medical information that we should be aware of?				
<i>Food Elimination Pattern</i>				
Frequency of Bowel Movements: _____ times/day or _____ times/week. They are usually....(circle below)				
Runny/Diarrhea	Soft/Not totally formed	Hard/Pellet-like	Formed	Easy to pass but not loose
<i>Medications</i>				
Drug/Supplement	Dosage	Times Per Day	Start Date	

How did you hear about the Digestive Wellness Program? \_\_\_\_\_

How did you hear about Kathy Kendall MS, RD, CLT? \_\_\_\_\_

# **POLICIES**

## *Insurance*

Comprehensive wellness programs cannot be billed to insurance. We are happy to provide a receipt for your services, however reimbursements should be made to the patient or insurance holder, not to Rebecca Bitzer & Associates. In the event of a mistaken insurance payment to us, the insurance check will be voided and sent back to the insurance company with an explanatory letter

## *Cancellation Policy*

Appointments are reservations of the dietitian's time, keeping other patients from reserving that time. Therefore, even if I do not attend my scheduled appointment, I will be charged one visit. If notice is given in a timely manner (at least 24 hours in advance of my scheduled appointment), I will not be charged at all.

Thank you for choosing Rebecca Bitzer MS, RD & Associates (RBA) for your digestive wellness goals. Your understanding of the following policies will help facilitate a positive working relationship.

### **Policies to Know:**

1. I will be billed a \$25 fee for any returned check. All payments for a returned check and further payments will be due in cash or money order only.
2. If my account is 90 days past due, it will be sent to a collection agency and I will be responsible for a \$25 collections fee.

### **Self-Pay Policies to Know:**

1. I understand that a Self-Pay Package must be paid in full at my first appointment.
2. I understand that a Self-Pay Package offers visits at a discounted rate; therefore, these visits cannot be submitted to my insurance company by RBA.
3. I understand that I can submit the visits to my insurance company for personal reimbursement, but that my insurance company may not reimburse me at all.
4. I understand that reimbursement should be sent to me. If my insurance company reimburses RBA for the visits, the check will be voided and sent back with an explanatory letter.
5. I understand that my insurance company may not reimburse me in full for the package; RBA will not reimburse the difference.

**I have read, understand, received a copy (if requested) and agree to these policies.**

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