

Washington  
Homeopathic  
Clinic

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Bellevue, WA 98004  
(425) 881-8929  
[www.wahomeopathy.com](http://www.wahomeopathy.com)

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## Patient Registration Form

Patient name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_  Cell \_\_\_\_\_  Work \_\_\_\_\_  
Voicemail OK? Y  N

Email Address \_\_\_\_\_

Marital status (required by insurance) \_\_\_\_\_ OR Parent or Guardian name(s) \_\_\_\_\_

### Person responsible for charges if different from patient:

Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

### Insurance Information

Primary Insurance \_\_\_\_\_

ID number with Alpha Prefix \_\_\_\_\_ Group number \_\_\_\_\_

Subscriber name \_\_\_\_\_ Subscriber birth date (required) \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to patient \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Health insurance is an agreement between you and your insurance company. You are responsible for contacting your insurance carrier regarding coverage for treatment. If the insurer requires a referral you must have this paperwork completed prior to the visit and we must receive a copy prior to treatment. Our office bills only insurers with whom we have a contract. For all others payment is required at time of service.

I have read the above and agree to assume responsibility for charges incurred from treatment at Washington Homeopathic Clinic. I authorize my insurance company to pay physicians at this clinic for services rendered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date