

Jenny Demeaux RNC, ND
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Patient Information

Name _____ S.S# _____ DOB _____
Address _____ Telephone _____
City _____ State _____ Zip _____
Email _____ Cell _____
Employer _____ Telephone _____
Partner/Spouse Name _____
Employer _____
Who referred you? _____

Do we have permission to leave detailed message regarding your health on answering machine? **YES NO**

Do we have your permission to sign you up on the Colorado Association of Naturopathic Doctors Web Site?
This will help license Naturopathic Doctors in Colorado. **YES NO** To visit for yourself: www.coloradoND.org

Insurance _____ **HMO/PPO/POS/CASH**
Address _____ Telephone _____
Name of Insured _____ ID# _____
Group# _____ Employer _____
Primary Care Physician _____ Telephone _____
Nearest Relative not living with you _____ Telephone _____
In an emergency, call _____ Relationship _____ Telephone _____

Clinic Policy

I understand that Dr. Jenny Demeaux, RNC, ND is a licensed Naturopathic Doctor, and a Certified OB-GYN Nurse Practitioner. She is not a Medical Doctor. She maintains her Colorado Nurse Practitioner license, and collaborates with an OB-GYN physician as needed. Currently, there is not any regulation of the practice of naturopathic medicine in Colorado, however she maintains her Washington State Naturopathic license.

Our first office call is 1 ½ hour in length. Please complete the forms we send you **before** the visit so that we can spend our time addressing your current concerns, history, risk factors and do a physical exam. If you need to cancel an appointment, please give at least 24 hours notice, as it is a great inconvenience to both the office and other patients whom we could have seen at an earlier time. **There will be a fee assessed for a missed return appointment.**

Payment for services is due at the time of visit, unless other arrangements have been made previously. VISA, MasterCard, check and cash are accepted. We will give you a super bill with procedure and diagnosis codes for you to submit to your insurance company for reimbursement for the services. If we are to send botanical items, vitamins or minerals to you between visits, we will use a charge card for that purpose.

Fee Schedule

New Patient Initial Visit 90 min	\$225	Phone Consult 15"	\$50	For your convenience we can do a phone consults, however, they usually are not covered by Insurance.
Return Visit 60 min	\$110	30"	\$75	
Annual Exam 60 min	\$130	45"	\$90	
Brief Visit 30 min	\$75	60"	\$110	

Please Read Before You Sign

I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I certify the above information is true and correct to the best of my knowledge. I will notify you of any changed in my health status of the above information.

Signature _____ Date _____