



Beth Quintana, ND
 9728 Greenwood Av N
 Seattle, WA 98103
 206.602.7140

CLIENT DEMOGRAPHIC INFORMATION

Last Name: _____ First Name: _____ M.I. ____ Today's Date: _____
 Other names your records may be kept under: _____ Preferred/Nickname: _____
 Date of Birth: _____ Gender Identity: _____ Preferred Pronouns: _____
 Address: _____ Apartment #: _____
 City: _____ State: ____ Zip code: _____ Country: _____
 Occupation: _____ Email Address: _____
 Primary Phone: (____) _____ Secondary Phone: (____) _____
 May we leave a confidential voice message at any of the above numbers? No Yes (specify): *Primary / Secondary*
 Parent's Name (minors only) _____ Parent's Name (minors only) _____
 Emergency Contact: _____ Relationship to Emergency Contact: _____
 Contact's Phone #: (____) _____ Do you have special needs? No Yes: _____
 How did you hear about us? _____

I, the undersigned, pledge that the above information is accurate and complete to the best of my knowledge.

X _____	_____	X _____	_____
Signature of Client*	Date	Signature of Representative/Guardian*	Date
* Guardian's signature required for minors		Relationship to client: _____	

FINANCIAL POLICY

1. Payment in full is due at the time of service for all visits and services unless other prior arrangements have been made in writing. Cash, check, and credit cards are accepted forms of payment.
2. If you pay for your services by check and that check is returned for non-sufficient funds, an additional \$30 will be charged to your account. If that happens, you will be asked to remit the amount of the check plus the service charge in cash within 10 days.
3. To provide the best care possible, You are the Medicine does not provide "email healthcare" or telemedicine. Please do not rely on email as a form of communication with the office or Dr Quintana. For telephone consults, anything beyond a brief (10-minute) call will be billed to you at regular office rates, pro-rated in 15-minute increments. This includes non-urgent calls after hours.
4. As a consideration, 24-hour notice of cancellation of your appointment is required. Failure to notify the office with at least 24 hours may result in a \$75 Late Cancellation/No Show charge.
5. Dr Quintana does not participate as a credentialed provider with any health insurance plans. If you have a FSA or HSA, your visits may qualify for its use. Please check your plan benefits for eligibility.

I, the undersigned, understand and agree to the above stated Financial Policy.

X _____	_____	X _____	_____
Signature of Client*	date	Signature of Guardian*	Date
* Guardian's signature required for minors		Relationship to client: _____	