

**MARY ANNE MORELLI HASKELL, D.O.**

*A Professional Corporation*

1224 Tenth Street, Suite 207

Coronado, California 92118

Phone: (619) 437-6600 Fax: (866) 868-5194

**Patient Information:**

Patient's Last Name: \_\_\_\_\_ First Name and Middle Initial: \_\_\_\_\_

Patient's Date of Birth (DOB): \_\_\_\_\_ Sex: Male or Female

Patient's Contact #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Married**     **Single**     **Partnered**

**Spouse or Significant Other's Information**

Spouse's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Residence Street Address, if different from Patient's: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Person responsible for billing if not patient:**

Last Name: \_\_\_\_\_ First Name and Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**For Patient's with Tricare Select insurance:**

Insured's full name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_

Who should we call in case of an emergency? Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Who can we thank for this referral? \_\_\_\_\_

Purpose of your visit: \_\_\_\_\_

I will allow a medical student to participate during my treatment session: (circle one) Yes or No

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**Patient's Name:** \_\_\_\_\_ **Patient's DOB:** \_\_\_\_\_  
Do you have insurance? (Please check one) Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what kind? (Please check one) Tricare \_\_\_\_\_ HMO \_\_\_\_\_ PPO \_\_\_\_\_  
Other \_\_\_\_\_ Please explain "other" \_\_\_\_\_

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### PAYMENT POLICY

Our office operates on a cash basis. Payment for services rendered must be paid in full at the end of each visit. Our office gladly accepts checks, cash, Visa, MasterCard and American Express. Services and supplements prescribed by the doctor may also be covered by your Health Savings Account. Returned checks will result in an additional \$30.00 fee.

### INSURANCE BILLING

We are not a member of insurance plans, therefore are an out-of-network provider. We do not bill insurance in our office. At your request, we will provide you with an invoice that can be used to submit to your insurance for reimbursement.

### WHY DON'T WE TAKE INSURANCE?

Because the current insurance model requires a higher volume of patients. This does not allow ample time for osteopathic manipulative treatment and other integrative treatment options.

### INTEGRATIVE HEALTHCARE SERVICES POLICY

Dr. Mary Anne provides a variety of integrative health care services on an outpatient basis. We do not admit patients to the hospital. Patients are advised to have a regular physician for routine and emergency medical attention. If an urgent situation should arise outside of regular office hours, you may attempt to reach Dr. Mary Anne via her cell phone at (619) 820-9132. For immediate medical attention, patients should call their primary physician or go to the nearest emergency room or urgent care facility. Please always dial 9-11 if you are experiencing a true emergency.

If you are unable to keep your scheduled appointment, we ask that you kindly give us a minimum 24-hour cancellation notice by either calling or emailing our office directly. Any missed appointments without said notice will result in a \$50.00 charge to your account.

We sincerely thank you for your understanding in the matter.

**I, (print full name) \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices. I acknowledge that I have read and understand the above Integrative Healthcare Services Policy and Payment Policy, and know that payment in full is expected at the time of each visit.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date