

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: _____

Responsible Parents or Guardians:

Father's Last Name: _____ First Name: _____

DOB: _____ Social Security #: _____

Residence Street Address, if different from Patient's: _____

City/State/Zip: _____

Employer: _____ Occupation: _____

Business Address: _____

City/State/Zip: _____

Phone #: _____ Contact Email: _____

Mother's Last Name: _____ First Name: _____

DOB: _____

Residence Street Address, if different from Patient's: _____

City/State/Zip: _____

Employer: _____ Occupation: _____

Business Address: _____

City/State/Zip: _____

Phone #: _____ Contact Email: _____

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

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'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" _____

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