EARTHSONG
INTEGRATIVE MEDICINE & MIDWIFERY

REBECCA M. VAN DE WATER, ANP, CNM

# Client Registration

**Personal Information**:
Client name: _____ Date of Birth: _____
By what name shall I refer to you? (if different from above): _____
Social Security Number: _____
Profession/Job Title: _____ Employer: _____

**Contact Information:**
Home telephone: _____ Work Phone: _____
Cell: _____ Email: _____
Mailing address: _____
Home address: _____

How would you like to be contacted by me, including detailed results of lab/imaging reports:
_____
Do you give me permission to mail a copy of your labs/imaging/medical records to you as they become available?
*Yes/no* _____ _____
*Your Signature:* *Date:*

Emergency Contact Person: _____ Tel: _____
Relationship to you: _____

**Your Healthcare Team:** Please list other providers that you see
Name: _____ City/State: _____ Tel: _____
Name: _____ City/State: _____ Tel: _____
Name: _____ City/State: _____ Tel: _____

**Medical Insurance Information:**
Primary Insurance Company: _____ Effective Date: _____
ID#: _____ Group #: _____
Name of Insured: _____ Insured's DOB: _____
Address: _____
Phone Number: _____
Secondary Insurance Company: _____ Effective Date: _____
ID#: _____ Group #: _____

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# EarthSong
## Integrative Medicine & Midwifery

Rebecca M. Van De Water, anp, cnm

**Name:** _____ **Acct #:** _____ **Date:** _____

***I find it useful to discuss the nature of my work, my policies and terms. Below I have described how and why I practice the way I do. I ask you to read this carefully, as it describes what you can expect of me, and what I expect of you. Please do not hesitate to discuss any of this with me.***

Philosophy and Scope of Practice:

I am an Advanced Nurse Practitioner and Certified Nurse-Midwife. My practice is open to any woman (first period through end of life) who seeks to stay well, or regain the wellbeing that is her birthright. I provide comprehensive prenatal, postpartum and newborn care; however I do not offer birth services at this time. My role is to support, counsel and guide you on your journey of wellbeing. Because I work in the realm of wellbeing, at times I will recommend that you also seek care of a physician (according to the complexity of your medical needs). _____ *(your initials)*

I am committed to your wellbeing, your dignity, your privacy, and to environmentally-conscious and sustainable practices.

Appointment Scheduling:

Scheduling, rescheduling and cancellation of office visits may be done by emailing me at rebecca@earthsongwellbeing.com. I will make every effort to remind you of your appointment by email 1-2 business days prior to your scheduled appointment.
_____ *(your initials)*

Office Protocol:

My office visits range in length from 30-60 minutes. In some circumstances I will recommend 120 minutes for our visit. Should you arrive more than 10 minutes late for a visit, I will request that we re-schedule your visit.

Medications (if needed) will only be prescribed during scheduled office visits. Should you need a prescription refilled, please call your pharmacy and request that they fax to me a "Refill Request". This is the most efficient and safest way for me to refill prescriptions. Please anticipate that I will refill the prescription within 1-2 business days. I do not prescribe medications for pain management.

Nutrition is foundational to wellbeing. In addition to nutritional guidance, I will also make recommendations on supplements and nutraceuticals. I will carry some of these, and others can be purchased locally and online. I will make every effort to inform you of your choices on where/how to purchase these. _____ *(your initials)*

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## Integrative Medicine & Midwifery

Rebecca M. Van De Water, anp, cnm

Follow-up care:
I am often asked how I will follow up after a visit, and if there will be a fee associated. My policy is to share your lab results/imaging reports with you as soon as possible. On your *registration form* I have asked you to indicate how you would like to be contacted with this information. If you would like, I am happy to send a copy of these reports to you through the mail.

I am happy to discuss normal results via email. Should you have abnormal results, this warrants a detailed conversation in which I recommend comprehensive nutritional and lifestyle modifications. Follow-up and management of abnormal lab and imaging results will require a scheduled office visit. _____ *(your initials)*

Urgent/Emergency Situations:
Because of my training and local regulations, I cannot provide any emergency or hospital-based care. Should you have an urgent health concern, please use Juneau Urgent Care or the Emergency Department of Bartlett Regional Hospital. _____ *(your initials)*

Cancellation Policy:
Please make any changes to your scheduled visit at least 24 hours ahead. Should you cancel or reschedule within 24 hours of your visit, or fail to arrive for your visit, I will charge $100 cancellation/No-Show Fee. This cannot be billed to insurance and will be your direct responsibility. _____ *(your initials)*

Financial Policies:
Because I hope to make healthcare as affordable as possible, my fees are set at 75% of the community standard. My fee schedule is available at all times- please ask for a copy if you would like one.

Like any non-salaried professional, such as a lawyer or accountant, I must charge for my time so that I can afford to provide quality care and stay in business. I do spend considerable unpaid time each week regarding your care (reviewing your records, researching, and creating a therapeutic plan of care as needed).

Medical billing is based upon time (minutes) spent and complexity of visit (number of diagnoses), in addition to procedures/in-house labs.

I will bill your insurance(s) after each office/home visit. It is your responsibility to know the terms of this insurance (such as deductible, copay and coinsurance). We will spend the final 5-10 minutes of each visit generating a superbill (detailed medical receipt), and processing payment for the day's visit. You are responsible for payment of your portion of the visit's fees (as determined by your medical insurance) on the day of visit, just as you would pay for purchased items at a store. There are no exceptions to this. Should your insurance reimburse more than expected, I will refund any overpayment directly to you.

_____ *(your initials)*

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www.earthsongwellbeing.com

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INTEGRATIVE MEDICINE & MIDWIFERY

REBECCA M. VAN DE WATER, ANP, CNM

Client Authorization and Consent

- I give Rebecca M. Van De Water, ANP, CNM and EarthSong Integrative Medicine and Midwifery, LLC my consent for care and treatment
- I acknowledge that I was given my own copy of EarthSong Integrative Medicine and Midwifery LLC's Notice of Privacy Practices.
- I authorize and request EarthSong Integrative Medicine and Midwifery LLC to bill my insurance company(ies) and/or any other paying entity (submit claims) for care provided.
- I authorize the release of my records specific to dates of service for matters of billing to my insurance company(ies) and/or other paying entity I may request.
- I authorize and request my insurance company(ies) and/or any other paying entity to pay directly to EarthSong Integrative Medicine and Midwifery LLC when appropriate.
- I understand that I am responsible for payment of all services rendered, products, and cancellation fees associated with my care at EarthSong Integrative Medicine and Midwifery LLC.
- I agree to pay my deductible, copayment or co-insurance, and pay for products purchased at the time of service. I agree to pay any charges my insurance company(ies) and/or any other paying entity deem my responsibility.

_____ _____

Client Signature — Date

*(Parent or guardian if minor, or personal representative of patient)*

_____ _____

Rebecca M. Van De Water, ANP, CNM — Date

(6.3.20)

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