



a fresh approach to health care

4450 Nicollet Ave S Minneapolis, MN 55419
Phone: (612) 598-8627 | Fax: (612) 284-7910

Name	Phone Number	Date of Birth
Mailing Address	Email Address	

How did you hear about
Wellness Minneapolis?

Would you like to sign up for our **monthly email newsletter** that contains health tips, recipes, class schedules and other information from Wellness Minneapolis? If you decide you don't like the newsletter you can opt out with one easy click.

Yes please sign me up!

No thank you

Wellness Minneapolis is a consortium of independent practitioners.

Credit Card Authorization

The card in question is the card you used to hold your appointment. If you prefer we use a different credit card please let the receptionist know. Please bring a credit card or other method of payment to each visit.

I, _____, hereby authorize Wellness Minneapolis to charge my credit card account. This payment agreement will be in effect until services have been completed or are ended by request of the client in writing.

I understand that my credit card will be charged:

- If I miss an appointment with less than 24 hours notice.
- For services rendered over the phone or video conference.
- For purchases placed over the phone or email.

Cardholder's Signature: _____ Date: _____



a fresh approach to health care

4450 Nicollet Ave S Minneapolis, MN 55419
Phone: (612) 598-8627 | Fax: (612) 284-7910

Client Responsibility Statement*

Please initial next to the statements below and select your preference under "Team Collaboration." All sections must be complete to receive care at Wellness Minneapolis

Electronic Communication ~ We cannot guarantee the security of electronic communication such as texting, email or voicemail. You may securely communicate with your provider via the medical records software CharmPHR. If you have any questions how to log into your account please let us know. Email/texting is not a secure way to communicate with your health care provider. _____

Cancellation and Missed Appointment Charges - If an appointment is cancelled with less than 24 hour business day notice you will be responsible for the full fee of your scheduled appointment. _____

Voicemail Policy - Wellness Minneapolis and/or my practitioner is able to call and leave a message on the phone number I provide about medical or appointment information. _____

Payment - For your convenience we accept cash, check, Mastercard, Visa, American Express and Discover. There is a \$35 fee for any returned checks. Payment is due at time of service. _____

Insurance - Wellness Minneapolis does not contract with any insurance companies but will give you the necessary information to file health insurance claims with your provider. This does not guarantee coverage. Government insurance including Medicare, Medicaid, and Tri-Care will not cover Naturopathic Medical Care or other alternative medicine services. _____

HSA/Flex Spending - Wellness Minneapolis is authorized to accept pre-tax health accounts. It is the responsibility of the account holder (patient/client) to make sure the services are covered. Often a letter of medical necessity from a doctor is required for massage and bodywork services. _____

Medicinary and Supplements - All items from the medicinary must be paid in full upon receipt. Unfortunately, there can be no refunds for products which have been opened or for custom formulations. _____

Demographic Information - I understand that my demographic information can be viewed by all providers and staff at Wellness Minneapolis, including my legal name, mailing address, email address and phone number. _____

Team Collaboration - At Wellness Minneapolis our first priority is patient care. Our providers may discuss your case without using patient identifying information. When providers are able to collaborate on your care this can lead to better outcomes. If you prefer that your case not be discussed with anyone at Wellness Minneapolis please note that below.

- I give my provider(s) permission to discuss my case and treatment ideas with other providers and staff at Wellness Minneapolis.
- My provider(s) are prohibited from discussing my health care information with any provider at Wellness Minneapolis

By signing below, I certify that I fully understand the above policies.

Client name: _____ Signature: _____ Date: _____

*These policies are for Wellness Minneapolis and any independent contractor that provides services at Wellness Minneapolis

Wellness Minneapolis*

Phone (612) 598-8627

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This document is to be signed by a person legally responsible for the patient's medical decisions relative to the treatment situation.

I, _____, hereby acknowledge that Wellness Minneapolis* has provided me with a copy of its Notice of Privacy Practices that describes how medical and demographic information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact:

Wellness Minneapolis
Sara Jean Barrett (612) 598-8627

I also understand that I am entitled to receive updates upon request if Wellness Minneapolis changes its Notice of Privacy Practices in a material way.

Signature

Relationship to Patient, if signed by
someone other than patient.

Date

*These privacy practices are utilized by Wellness Minneapolis and all independent contractors of Wellness Minneapolis.