REGISTRATION

10740 Meridian Ave. N., Suite 203
Seattle, WA 98133
P: (206) 363-5420
F: (206) 257-0488

CONSULTING NUTRITIONIST
Kimberly Mathai, RD, RDN, CDE

Patient Name: SSN: Gender: M F

DOB: Marital status: Single Married Other:

Address: Apt #:

City: State: ZIP

Phone: Work: Cell:

Email address:

Referring physician: Phone:

Primary care provider: Phone:

Emergency contact: Phone:

Relationship to the patient:

INSURANCE INFORMATION

PRIMARY

Carrier name: Phone:

**** If you have no insurance please specify ****

Subscriber ID: Group #:

Subscriber name:

Subscriber employer:

SECONDARY

Carrier name: Phone:

Subscriber name: Group #:

Subscriber employer:

FINANCIAL AGREEMENT

The above information is true to the best of my knowledge. I understand billing my insurance is a courtesy provided to me from Kimberly Mathai, RD, RND, CDE at no additional cost, and does not relieve my financial responsibility. I agree that Kimberly Mathai, RD, RND, CDE may furnish the responsible insurance company and other authorized parties with the necessary information to process my claims in a timely manner. I also understand that I am responsible for any non-covered services, deductibles, co-pays or co-insurances that are not covered by my insurance company. IF AN INSURANCE CARD(S) IS NOT PROVIDED AT THE TIME OF SERVICE, YOU MAY BE BILLED PRIVATELY FOR ANY SERVICES RENDERED OR YOUR APPOINTMENT MAY BE RESCHEDULED.

Signature: **Date:**