

Policy and Payment Agreement

I have received and agree to Bear Creek Naturopathic office policies and payment terms.
I understand that I am responsible for payment for services and products rendered by Bear Creek Naturopathic Clinic at time of service, unless prior arrangements have been made.
I agree to pay for all products and services regardless of insurance coverage.
I authorize the release of any medical records necessary for processing of insurance claims. I understand that these policies may be updated at any time, and I agree to check BCNC website for updated information.

Patient Name (Please Print)

Patient Date of Birth (DOB)

Patient/Responsible Party Signature

Date

Print Responsible Party Name (if not patient)_____