

Print Name \_\_\_\_\_

**TINA MARCANTEL, ND**  
NATUROPATHIC PHYSICIAN

6589 S. Kings Ranch Rd., Ste. 102B  
Gold Canyon, AZ 85118  
Tel: 480-738-1647 Fax: 480-779-6317

**PATIENT REGISTRATION and PERSONAL INFORMATION**

(Please Print Clearly)

PATIENT'S FULL NAME \_\_\_\_\_ SEX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

SIGNIFICANT RELATIONSHIP STATUS : (Please circle one that applies)

MARRIED    NON-MARRIED PARTNER    SINGLE    WIDOWED    SEPARATED    DIVORCED

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

HOW DID YOU HEAR OF DR. TINA MARCANTEL? \_\_\_\_\_

**I UNDERSTAND AND AGREE THAT REGARDLESS OF MY INSURANCE, I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES ON THIS ACCOUNT. I UNDERSTAND AND AGREE THAT I WILL PAY A FEE FOR THE DOCTOR'S TIME IF I FAIL TO CANCEL OR RESCHEDULE AN APPOINTMENT WITH LESS THAN 48 HOURS NOTICE.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Print Name \_\_\_\_\_

What are your 3 most important health concerns in order of importance?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

MEDICAL HISTORY: Mark "C" (current) or "P" (past) for any conditions you or your relatives have had.

CONDITION	SELF	MOTHER	FATHER	SIBLING	CHILDREN	GRAND PARENTS
ALCOHOL						
ALLERGIES						
ANEMIA						
ARTHRITIS						
ASTHMA						
BLEEDING PROBLEMS						
CANCER						
DIABETES						
DRUGS						
SKIN CONDITIONS						
EMPHYSEMA						
EPILEPSY						
GOUT						
HEART PROBLEMS						
HEPATITIS						
HIGH BLOOD PRESSURE						
MENOPAUSE						
MENTAL DISORDER						
MIGRAINES						
PERIOD ABNORMALITY						
PMS						
PROSTATE PROBLEMS						
STROKE						
THYROID PROBLEMS						
ULCERS						
VENEREAL DISEASE						
WEIGHT PROBLEMS						

LIST OPERATIONS, MAJOR INJURIES, OR OTHER MEDICAL PROBLEMS – INCLUDE DATE

DATE	PROCEDURE OR EVENT	RESIDUAL/LINGERING EFFECT



Print Name \_\_\_\_\_

**Please Read and Initial**

Cost of Services

Initial intake visit (approx. 1 hour): \$325.00. Follow-up visits are typically 15 minutes to 1 hour (\$75.00-\$230.00). Please ask for specific prices before receiving treatment.

Note: Prices for services are subject to change without notice. For a complete listing of our current prices, please see our **website** (www.drmarcanel.com) or ask for a price list.

\_\_\_\_\_ INITIAL

Contacting our Office

If you have any questions or medical updates pertaining to your treatment protocol, you must call to schedule a phone or office visit to consult with the doctor.

\_\_\_\_\_ INITIAL

Insurance

We collect payment for services and test kits in full at the time of service. **Most naturopathic services are not covered by insurance.** However, some may be covered by some insurance plans; check with your insurance company to determine if this is a covered benefit. Dr. Marcanel is not in-network with any insurance providers and does not submit billing claims. At your request, a superbill will be provided for you to send in to your insurance company for possible out-of-network reimbursement. Please contact your insurance provider directly with questions about covered services. Medicare, Medicaid, AHCCCS, and Tricare do not cover naturopathic services. We do not accept Care Credit. If you would like to file to your insurance, please request an itemized receipt and superbill with all pertinent codes and information.

\_\_\_\_\_ INITIAL

Cancellation Policy

A fee of \$50.00 is incurred if an appointment is cancelled with less than 48 hours notice. No-show appointments will be charged at the full cost of the appointment.

\_\_\_\_\_ INITIAL

Informed Consent

Your signature below verifies the understanding of the information above and also gives Dr. Tina Marcanel, an Arizona state licensed naturopathic physician, consent for naturopathic treatment for you or the minor for whom you are legally in charge.

Signature  \_\_\_\_\_ DATE \_\_\_\_\_

Name of Minor Patient \_\_\_\_\_ Relation to Minor \_\_\_\_\_

Print Name \_\_\_\_\_

Dr. Tina Marcantel  
6589 S. Kings Ranch Road, Suite 102B  
Gold Canyon, AZ 85118  
(480) 738-1647

Our office is located on Kings Ranch Road about one mile north of US 60 in Gold Canyon. When coming from the west (Apache Junction) on Highway 60, turn **left** onto Kings Ranch Road. We are on the right side of the road across from the Methodist church.

Our office is in **Executive Suites, Suite 102**, right next to **Gold Canyon Dentistry**. We are in Suite 102B.

