

Kwang-Hie Park, MD, PLLC

901 Boren Avenue, Suite 1020
Seattle, WA 98104-3508

T: 206.682.8900
F: 206.624.1489

NEW PATIENT INFORMATION

Patient Name: Mr. Ms. Mrs. Dr. _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers We May Use to Contact You:

(____) _____ Location _____; (____) _____ Location: _____

May We Leave Messages at the Above Contact Numbers? Yes No

Birth Date: ____/____/____ Sex: _____ SSN: _____ - _____ - _____

Marital Status: S M D W P

Nearest Relative: _____

Name	Relationship
_____	_____
_____	_____

Employer: _____

Name	Relationship
_____	_____
_____	_____

Primary Insurance: _____

Name	Address	Telephone
_____	_____	_____

Secondary Insurance: _____

Name	Address	Telephone
_____	_____	_____

Referred By: _____

Name	Address	Telephone
_____	_____	_____

Please Complete the Authorization for the Release of Health Care Information to Have the Initial Evaluation Sent to your Referring Physician or Mental Health Provider.

I Authorize Release of Diagnostic and Billing Information to Insurance Companies or Other Third Party Sponsors to Facilitate Healthcare and Claims Processing.

Signature: _____ Date: ____/____/____

Kwang-Hie Park, MD, PLLC

901 Boren Avenue, Suite 1020
Seattle, WA 98104-3508

T: 206.682.8900
F: 206.624.1489

Financial Notices and Disclosures

Financial Responsibility: Though Dr. Park's office attempts to facilitate healthcare and claims processing, you are responsible for all services received at Dr. Park's office regardless of insurance coverage.

Cancellation: Your appointment is set aside specifically for you. If you are unable to keep the appointment, we ask you to give at least two business days (48 hours not including weekends) notice. Otherwise, you will be charged the full fee for the visit. Please note this fee is not covered by health insurance.

Phone Consultation: For existing patients, a phone consultation lasting for more than five minutes will incur a prorated appointment fee. Please note this fee is not covered by health insurance.

Document Preparation: A prorated hourly fee will be charged for preparation of documents intended for third parties (such as attorneys, employers or schools). Please note this fee is not covered by health insurance.

I, _____, ***understand the above notices,***
Patient's Name
and accept full financial responsibilities.

Patient's or legally authorized individual's signature

Date

Printed name if signed on behalf of the patient

Relationship to the patient
(Parent, legal guardian, etc.)

Privacy Practices: Dr. Park makes every effort to ensure your privacy and uses generally accepted privacy practice procedures.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Patient's or legally authorized individual's signature

Date

Printed name if signed on behalf of the patient

Relationship to the patient
(Parent, legal guardian, etc.)