

Colleen A. Blanchfield, M.D.

New Patient Application

ALL POSSIBLE NPs WILL BE CALLED BACK THE SAME DAY DR. B. RESPONDS

Date of Intake: Insert date.

Intake Completed by: Admin member

Referred by: Name of person/practice

Patient Name: Ask for Spelling

Patient Date of Birth: DOB

Caller Name: Name

Relationship: to possible NP

Email: Type Email Address

Telephone ☐ Home Home

☒ Cell Cell

☐ Other Other

Billable Address: Number, street name, city, state, zip code.

Primary Insurance:

Secondary Insurance: Secondary Insurance.

****The office is NOT accepting patients with Medicaid coverage.**

What is it that Dr. Blanchfield can help you with?

Current Medications:

Current/Most Recent Physician: ____

Patient Informed: *(to include returning patients)*

☐ Self Pay: **\$500 for initial consult**

☐ Office Address

☐ Must provide proof of vaccination

☐ Website: www.cblanchfieldmd.com

☐ Must complete NP Registration Forms **PRIOR**
to first appt

☐ No Show / Late Cancellation Policy: Cost of the
Appt

☐ Medicare Patient? **MUST** sign opt out for **PRIOR** to first
appt.

☐ Once approved a CC must be put on file.

☐ Make sure patients are aware appts can take 2 to 2
and ½ hours

Pain and Suboxone patients:

☐ Pt will be drug tested for \$50 at the NP initial appt and then at follow up appointments at Dr. B's discretion.

☐ Pain patients are usually seen once every 28 days if on narcotics but maybe seen more frequently when adjusting dose.

☐ Suboxone patients are seen every 28 days but more frequently when initially adjusting the dose.

We are opted out of Medicare and Medicaid, you are unable to submit to either of these agencies for reimbursement purposes. You may only submit to your secondary insurance in these cases.