Tigard - Serenity Wellness Clinic
12750 SW 69th Avenue, Suite 101
Tigard, Oregon, US - 97223

Transfer Demographics and Insurance (Rev0121)

This paperwork is intended for patients who I have seen previously at True Health Medicine from 2018-2020. If you were seen at True Health Medicine prior to 2018, you will need to complete the full new patient paperwork.

If you are a new patient or haven't been seen in 2018-2020, please call or text me at 503-987-3622 to ensure I can send you the correct paperwork.

Thank you for signing up for the Charm patient portal. This allows us to communicate securely and for you to complete paperwork online. Please review and complete this questionnaire to ensure I have updated demographics and insurance information. You should also have received a new consent form. Completing both of these questionnaires is required prior to me delivering any care to you in 2021. If you have any questions, please feel free to message me through the portal or call me at 503-987-3622.

Personal Details

First Name *

Last Name *

Date of Birth *

Gender ☐ Male ☐ Female ☐ Unknown

Blood Group

Language

Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Employment Status ☐ Employed ☐ Full-Time Student ☐ Part-Time Student ☐ Unemployed ☐ Retired

Marital Status ☐ Single ☐ Married ☐ Others

Smoking Status ☐ Current every day smoker ☐ Current some day smoker ☐ Former Smoker ☐ Never Smoker ☐ Smoker ☐ current status unknown ☐ Unknown if ever smoked

Primary Contact Details

Caregiver First Name

Caregiver Last Name

Email *

Home Phone

Mobile Phone

Work Phone

Fax

Primary Phone * ☐ Mobile Phone ☐ Home Phone ☐ Work Phone

Address Line1 *

Address Line2

City *

Country *

State *

Zip code *

Postbox No

Emergency Contact Name

Emergency Contact Number

Extn

Insurance Information

I bill insurance and am in network with most major insurance carriers. If you have any questions about which insurance companies I work with, please visit my website and review doctorbijana.com/insurance-information/ and/or call your insurance company for details. There is a form linked on the above referenced webpage which can guide you in what to ask your insurance company.

Will be billing insurance for your visits in 2021? * ☐ Yes ☐ No

Insurance Company:

Who is the primary insured (member)?

If you are not the primary insured, what is the date of birth of the primary insured? (For example, your parent or spouse)

Insurance ID:

Insurance Group Number: _____

What is the address on the back of the card to which bills should be sent?

Please provide the phone number on the back of the card. If there are multiple phone numbers, please list the number which is indicated for providers, claims or billing. _____

Do you have secondary insurance coverage? If so, please also bring that card to your visit. ☐ Yes ☐ No

Thank you. Filling this out completely helps me to properly bill your insurance company. If you have a physical card, please bring it to your in-person visit(s). If you are not having an in-person visit, you can send a photo or scan of your insurance card by attaching it to me in a portal message. This also works for cards which are sent to you electronically.

Signature

My signature below attests that the information provided is complete and accurate.

PATIENT SIGNATURE * _____

DATE: _____

If signed by someone other than the patient, please sign and indicate relationship. Verification that you are legally authorized to sign on the patient's behalf may be required.