WELCOME to our office. My goal is to ease existing pain and to correct its underlying causes so that you may reclaim great health. I offer an integrated approach to health care. To increase your power as a health care consumer and to support your involvement in your own healing, I offer education in self-care techniques. Janet L Rueger, DC

Patient Information

Last Name_____First Name_____Mid.Initial_____
Home Address_____City_____
Zip Code_____Birthdate_____Gender: Male_____Female_____Other_____
Phone # Cell_____H:_____Wk:_____
E-Mail_____
****

Spouse or Guardian

Last Name_____First Name_____Mid. Initial_____
Home Address_____City_____
Zip Code_____
Phone #: Cell_____H:_____Wk:_____
Relationship to Patient_____
****

Dr. Rueger will directly bill some insurance companies. Your **Co-pay is due at the time of service.** IF my insurance is being billed, I, the undersigned understand and agree that health insurance policies are an arrangement between an insurance carrier and myself. I also understand and agree that I am responsible for all charges whether or not paid by insurance. There are some services that are not covered by insurance companies.

Insurance Co._____
Group #_____ID #_____
Any other info about your insurance?_____
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There will be a minimum of $45.00 charge assessed for any missed appointment that is not cancelled, 24 hours in advance of the appointment or Friday for a Monday appointment. Appointment changes must be by telephone, text or in person. (NOT via e-mail) At the discretion of this office, we may waive this fee IF another patient takes the cancelled appointment time. If you are ill and contagious, please notify us as soon as you know suspect and we will gladly waive the fee for missed appointment.

Responsible Party_____Date_____

340 A St., Ste. 1, Ashland, OR 97520
541-690-6799