



REGISTRATION

PATIENT INFORMATION

Form with fields for First Name, Last Name, MI, DOB, Home address, Billing address, Phone #1, Phone #2, Email address, and Emergency Contact.

FUNCTIONAL CONSULT RATES (subject to change)

Form with field for CHOOSE ONE: 1 Visit Plan - \$380/hour (1 visit) or 3 Visit Plan - \$900/3 hours (3 visits)

BILLING

Form with fields for Credit or debit card #, Expiration, 3 Digit Security #, Card Billing Address, and Email Address.

PRIMARY CARE PROVIDER

Form with fields for Primary Care Provider Name, Address, City, State, ZIP, and Phone #.

AUTHORIZATION

Form with a list of terms and conditions for authorization, followed by fields for SIGNATURE, DATE, and PRINT NAME.

Mail/drop off completed form to: Mulberry Clinics • 5328 Main Street, Suite K, Spring Hill, TN, 37174 615.614.2500

