

Simple Health & Wellness LLC

"Simple paths to lasting wellness."

Call/Text: 936-236-9147 | Fax: 936-244-4513 | health@simplehealthforyou.com | www.simplehealthforyou.com

Patient Intake Packet

Patient Information

Full Legal Name *

Date of Birth *

Age

Gender (Male / Female / Other) *

Street Address *

City *

State *

Zip Code *

Phone Number *

Email Address *

Driver's License #

Issuing State

Insurance Information

Primary Insurance

Policy #

Group #

Subscriber Name

Subscriber Date of Birth

Subscriber SSN

Emergency Contact

Name *

Relationship *

Phone Number *

Preferred Pharmacy

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Medical History

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Practice Policies & Procedures

Thank you for choosing **Simple Health & Wellness LLC** for your healthcare needs. Please read and sign these policies annually.

Our Mission

- To provide the highest quality healthcare within our specialties — Hormones, Weight Loss, Biologevity, Peptides, and Functional Medicine.

Office Hours

- By appointment only.
- Closed for all major holidays.
- Call 911 for any life-threatening emergency.

Inclement Weather

- We may close during extreme weather to protect staff and patients.
- Patients will be notified via their approved communication method.

Patient Portal — OptiMantra

- Register at OptiMantra. Use the portal to message staff, request appointments, and submit refill requests.

Messages

- Phone/Text: 936-236-9147 — Non-urgent messages returned within 48 business hours.
- For emergencies call 911 or go to the nearest ER.

First Visit

- New patients are welcome.
- Complete all intake forms in the portal at least 1–3 days before your appointment.
- Failure to register may result in rescheduling.

Controlled Substances

- Chronic pain management with controlled substances is not provided.
- Patients requiring these medications will be referred to an appropriate provider.

Appointments

- We value your time and want to address your health concerns fully.
- Arriving >15 minutes late may require rescheduling.
- Cancel >72 hrs: full refund. 24–72 hrs: 50% refund. <24 hrs / no-show: no refund.
- Rescheduling >24 hrs in advance: payment transfers to new appointment.
- Urgent care appointments paid at time of booking.
- Repeated no-shows may result in dismissal from the practice.
- Same-day sick visits available if requested at least 1 hour in advance.

Medical Information & Records

- Staff verify secondary identification for all patients — in person, by phone, and via telehealth.

Patient Dismissal

- If dismissal becomes necessary, you will be notified by certified mail.

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Financial Arrangements & Consent

Financial Arrangements & Insurance

We are committed to providing you with the best possible care.

- Cash-pay telehealth practice — weight loss, hormones, peptides, biolongevity are cash-pay only.
- You may use insurance for outside lab work and imaging.
- A superbill is available on request for possible insurance reimbursement.
- Payment is due at the time of booking.
- Accepted: Cash, Cash App (\$heatherhasara), Zelle.
- No checks accepted. \$50.00 fee for returned payments.

Prescription Refill Policy

Zero tolerance for prescription errors. Please read carefully.

- Submit refill requests via portal at least 72 hours in advance.
- No refills after hours, on weekends, or on holidays.
- Follow-up appointments are required for ongoing prescription refills.
- Lost or stolen medications will not be replaced early.

Integrative & Non-FDA-Approved Therapies Disclaimer

Simple Health & Wellness LLC may offer integrative services including nutritional supplements, compounded hormones, peptides, or other non-FDA-regulated products. These are used based on current evidence and shared decision-making. I acknowledge such therapies may carry risks, may not be covered by insurance, and may not be universally accepted. I voluntarily participate and release my provider from related liability.

Patient Acknowledgement & Agreement

I have read and fully understand this consent form and the policies of Simple Health & Wellness LLC. I consent to telehealth and online communication. I agree to follow all policies. I understand all charges are my financial responsibility and that failure to comply may result in dismissal.

By signing, I acknowledge I have read and agree to:

- A. Office Policies
- B. Prescription Refill Policies
- C. Electronic Communications
- D. Integrative & Non-FDA-Approved Treatments

Patient's Full Name *

Date of Birth *

(If patient is a minor, guardian signature required)