



Greg Barsten, DC, MS, CCN, RH (AHG)

HealthQuest

(408) 358-2225

www.HealthQuestForMe.com

Welcome! Thank you for selecting HealthQuest for your healthcare needs. Please take a few moments and familiarize yourself with our policies.

Rates and Fees

Initial Appointments and Follow-Ups are \$395 per hour.

Insurance: Upon request, we will provide you with a receipt or a claim form that you can submit to your insurance company to seek direct reimbursement. **HealthQuest does not accept insurance for payment.** In addition, HealthQuest does not provide services within the Medicare or Medicaid contract.

Email communication is available for brief questions or clarification. It is not a substitute for an office visit and is offered as a simple communication option. We will respond at our earliest opportunity.

Medical Records

Please email your latest lab or imaging results, if any. Please do not fax any records to our office.

You may need to sign an "authorization to release medical records" form at your doctor's office. All records are strictly confidential.

Copies, Reports and Forms

There is an additional charge to write reports. There is a \$15 charge to make copies of chart contents. We encourage you to keep copies of your lab results to avoid this charge.

No Show and Cancellation Policy

We require a minimum of a 48-hour cancellation notice on all appointments. No shows or late cancellations will be charged a \$150 fee.

Payment Policy

1. Services are payable at the time of service. We accept, cash, check, VISA, MasterCard, and AMEX.
2. Phone consultations can be billed to your credit card. We can send you a statement describing the service/fees.

Credit Card Authorization

This authorizes Dr. Greg Barsten/HealthQuest to maintain my VISA, MasterCard, or AMEX on file. I understand that Dr. Barsten/HealthQuest will keep this number confidential. For my convenience, you will use this number to charge telephone consultations, no-shows, and late cancellations. I do not need to reauthorize for each order. I will give Dr. Barsten/HealthQuest a verbal or written update when this card expires.

Name (print clearly)_____ Home Phone_____

Credit Card Number_____ Expiration Date_____ Code_____

Signature_____ Date_____

Informed Consent

I, the undersigned, have voluntarily requested that Dr. Greg Barsten assist me in management of my health concerns. I have understood and agree to all policies and terms provided herein. I also understand that Dr. Barsten is a chiropractor, clinical nutritionist and herbalist and serves as a consultant utilizing natural biological methods. I also realize that his services are not to be construed as the 'practice of medicine' or serve as a substitute for standard medical care.

Signed_____ Date_____

When all pages are completed and received by the office, we will call to schedule the visit. Daytime Phone_____

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