



Simonson Holistic Healing Center

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Application for Dr. Simonson's NCR Case Study Program

Your name: _____ TODAY'S DATE: _____

Your Date of Birth: _____

Demonstration of Financial Need

What is your occupation? _____

What is your personal yearly income? _____

How many dependents do you have? _____

What is your average monthly household income? _____

What is the total amount of your average household monthly expenses? _____

What is the total amount of your out-of-pocket family medical expenses per month and/or per year? _____ *Please list what they are:* _____

What is the MAXIMUM amount per month that you could afford to put towards your holistic medical care? Please be honest but realistic.* _____

(*Note: Actual price of care will be mutually decided upon and will not be determined solely by what you list here.)

Please describe, in as much detail as possible, all the financial burdens/demands on you at this time, and why you feel you cannot pay full price for treatment:

Informed Consent to Partake in Dr. Simonson's NCR Case study program

Initials

I consent to allow Dr. Simonson to use me as a “case study” and use my before/after NCR pictures and videos as well as key elements of my medical history for educational and promotional purposes. These become property of Simonson Holistic Healing Center and may be used in a number of ways—on the web, as a part of educational talks, and possibly shared with prospective patients of Simonson Holistic Healing Center. Dr. Simonson promises to use these with utmost professionalism and will not misconstrue or exaggerate any of the data. However, if you do not agree with the way in which your data is being used, you may request in writing to Simonson Holistic Healing Center for changes to be made in the way they are presented. Recognize that these changes will be made at the discretion of Simonson Holistic Healing Center, but always with your best interests in mind. If an agreement cannot be reached, you agree to legal mitigation if necessary.

Initials

How would you like to be addressed in the case study? Please check one of the following (note: you may change your choice at any point in the program).

- I would like to go by my first name (preferred).
 I would like to remain anonymous and be assigned (or choose) a pseudonym.

Initials

I recognize that my condition may take more than one series of NCR to resolve or lead to significant results, and may also require more therapies than just NCR. **Therefore, to make a truly valuable case study, more than one series may be required. If a valuable case study cannot be made from one series, I consent to complete the entire program as prescribed by Dr. Simonson.** Mutual agreement will be made regarding total cost of this program, and will be decided on after one series of treatment.

Initials

If I decide to quit prior to completion of the program prescribed by Dr. Simonson and before valuable case study results are attained, I may be responsible for paying in full for services rendered up until that point, or reciprocating in some other way (this decision will be made at Dr. Simonson's discretion).

Initials

I recognize that the percentage of the program that is paid for will be determined by Dr. Simonson after a discussion of this application, and may be mutually modified on an ongoing basis pending my financial status, progress with treatments, and willingness to reciprocate and demonstrated follow-through.

Initials

I consent to pay for other services (i.e. medicines or supplements, or referrals to other health care practitioners) that Dr. Simonson deems as necessary or essential for my health and for the successful resolution of my medical condition(s). These may be factored into the total cost of the program.

Initials

I agree to do my best in spreading the word about NCR and Simonson Holistic Healing Center, and I recognize that the exchange must be reciprocal in order to warrant free or significantly discounted services from Simonson Holistic Healing

Center. Dr. Simonson maintains the right to request full or partial payment for services rendered, should I not follow through with my proposed reciprocation of services, or if another reciprocation plan cannot be agreed upon.

Initials

If, for some reason early on in the program, Dr. Simonson or I determine that I am incompatible with the program or unsuited to NCR in general, a discussion will be held and course of action will be decided at the discretion of Dr. Simonson.

Initials

After a discussion with Dr. Simonson following receipt of this application, I allow for a contract to be written up with the specific provisions of this program for me individually, including the ways in which I will reciprocate as well as a mutually agreed upon payment plan.

I CONFIRM THAT I HAVE READ, UNDERSTOOD AND VOLUNTARILY CONSENTED TO THE ABOVE-DESCRIBED PROVISIONS, HAVE VOLUNTARILY REQUESTED TO BE A PART OF DR. SIMONSON'S NCR CASE STUDY PROGRAM, WILL ABIDE BY ALL REQUIREMENTS OF SIMONSON HOLISTIC HEALING CENTER; AND FOR MUTUAL AND ADEQUATE CONSIDERATION HAVE EXPRESSLY CONSENTED TO THE INDEMNIFICATION, RELEASE AND WAIVER PROVISIONS DESCRIBED ABOVE.

Dated this ____ day of _____, 20__.

Patient's Signature

OFFICE USE ONLY

Result of application after discussion:

Accepted

Denied. Reasons: _____

Notes from our discussion: _____

