

# Wesley G Bradford, MD, MPH

22750 Hawthorne Blvd, #220

Torrance, CA 90505

(424) 222-9601

[www.dr-bradford.com](http://www.dr-bradford.com)

## New-Patient Registration

*(Please keep this page for your future reference.)*

Dear Patient,

Welcome to my practice! Thank you for choosing me as one of your health care providers.

### Here's what to expect:

#### STEP 1:

- **Prior to your First Appointment**, please **download and fill out the 3 needed PDF Forms** (this Registration Form, Medical History Form, and 3-Day Diet Diary) as described on my website ([www.dr-bradford.com](http://www.dr-bradford.com)), and bring them to the appointment to save time during your visit.
- If possible, try also to bring your relevant medical records and your medications and supplements to your first appointment, to save time in assessing your condition. (You can discuss with me in advance what types of records we need, to be complete without having to bring large amounts of unneeded information.)
- Office appointments are made or changed through my website.

#### STEP 2:

During your **First Appointment**, I will review your health history, nutritional status and exam findings, and make recommendations for lab tests that are appropriate for your specific health issues. Please focus carefully on lab-test instructions for reliable results. (Lab test turn-around time is about 2 weeks after submitting specimens.)

#### STEP 3:

After your initial lab test reports have returned, I will discuss the meaning of your test results with you in a **Return Visit**. I will create an individualized lab-based therapeutic program for you that may include diet changes, nutritional supplements, lifestyle and stress management advice, and possibly bio-identical hormones &/or conventional medication if necessary, exercise, and ergonomics changes if needed. I may also suggest a consultation with a Nutritionist.

#### STEP 4:

Please schedule **Subsequent Visits** as directed, to monitor your progress. Duration of treatment is variable and may require up to a year or more, depending on severity and complexity. After you feel that your progress is satisfactory, please let me know how you are doing. (I can also help you design an on-going wellness program that we can review periodically if needed.)

Please contact me if you have any questions during the course of your treatment. I can be reached by email at [drb@dr-bradford.com](mailto:drb@dr-bradford.com). For urgent problems, you can phone me at (424) 222-9601 (please leave a clear message so I can call you back; I screen out spam commercial calls and don't respond to unidentified callers).

I look forward to assisting you in achieving your current wellness goals with science-based natural healing methods, and to guiding you in maintaining wellness throughout your life.

In Health,

Dr Bradford

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## Patient Information

I clearly understand and agree that all services rendered to me are charged directly to me and that I am responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable. I authorize Dr Bradford to release my personal medical information to me.

**Responsible Party's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Patient's Name:</b>					
<b>Address:</b>					<b>Country</b>
<b>City:</b>			<b>State:</b>	<b>Zip/Postal Code:</b>	
<b>Home Phone:</b>		<b>Work Phone:</b>		<b>Cell Phone:</b>	
<b>E-mail:</b>			<b>Office communication preference:</b> ___Email ___Phone		
<b>Birth date:</b>		<b>Age:</b>	<b>Sex:</b> M F	<b>Status:</b> M S W D	<b># of Children:</b>
<b>Occupation:</b>			<b>Employer:</b>		<b>Years Employed:</b>
<b>Spouse's Name:</b>			<b>Occupation:</b>		<b>Employer</b>
<b>Person responsible for this account:</b>					<b>Referred by:</b>

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**OFFICE POLICIES AND PROCEDURES**

*(Please keep a copy of this contract page for your records.)*

**First Appointment:** Your first consultation will be usually be 2 hours (depending on complexity). We will discuss and arrange appropriate lab tests to help manage your specific health concerns.

**Follow-up Appointments** are usually 1 hour, depending on complexity.

**Office Fees:** Payment is due at the time of service, by Credit Card or Check.

**Cancellations:** If you are unable to keep your scheduled appointment, please notify Dr Bradford at least 24 hours before your scheduled time. (Changes & cancellations can be made on the website.)

**Lab Tests:** Most of our lab testing is done by specialized out-of-state laboratories and requires use of a special Test Kit (specimen shipping box) (see instructions on Dr Bradford’s website). We will discuss test instructions and costs before ordering. These tests have about a 2-week turnaround time. Dr Bradford will evaluate them and discuss the results and treatment with you at your next appointment. (Most outside lab tests may be partially covered out-of-network by many private insurance & Medicare plans.)

**Important Notes:**

- Dr Bradford does not manage medical emergencies. If you have a medical emergency, you must contact your primary care physician or dial 911!
- Please contact Dr Bradford if you are not clear on any office policies or procedures.
- Dr Bradford does not have a billing service, but can provide you a “Superbill” form on request, documenting the services provided, which you can submit to private insurance carriers to apply for partial reimbursement. *(Dr Bradford’s services are **Out-of-Network** for all private insurance plans.)*
- *Due to billing costs & unpredictable coverage, these office services are **not eligible for Medicare coverage**, are not subject to Medicare Fee schedules, and claims cannot be submitted to Medicare or “Medi-Gap” plans for payment. Medicare patients have a right to seek comparable services from participating providers instead.*

**Notice of Patient Privacy Policies:**

The Federal HIPAA law regulates the use, disclosure and security of Personally-identifiable Hhealth Information (PHI) including financial information, as needed for diagnosis, treatment and billing of healthcare services, requiring security of patients’ financial & health information, and limiting disclosure of such information to properly qualified persons only, and to the minimum disclosure necessary to accomplish these purposes (unless required otherwise by a government agency or court of law). Patients can request additional restrictions on release of their personal information and have the right to request explanation of these policies from the provider. Patients have the right to view their personal information and to request corrections to it, and to request copies of their medical information. For more information on healthcare privacy issues, contact Dr Bradford or <http://www.hhs.gov/ocr/privacy/>.

**NOTICE:** The US Government Open Payments database shows payments over \$10 made by drug and device companies to physicians: <https://openpaymentsdata.cms.gov>.

I, \_\_\_\_\_, have read, understand & accept these Policies and Procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_