

-----**CONFIDENTIAL PATIENT INFORMATION**-----

The following information is needed for our files so we can better serve you as a patient. Please fill in all portions of this form.

PATIENT DATA

(First name, middle initial, last name) SOCIAL SECURITY # _____ DRIVER'S LICENSE# _____
NAME _____ PHONE- HOME _____
EMERGENCY CONTACT: _____ NAME/RELATION _____ / _____
CELL PHONE: _____ WORK: _____ E-MAIL _____ @ _____
HOME ADDRESS: _____ CITY _____ ZIP CODE _____
MAILING ADDRESS: _____ CITY _____ ZIP CODE _____
AGE _____ BIRTHDATE _____ MARITAL: M S W D HOW MANY CHILDREN? _____
OCCUPATION _____ EMPLOYER _____
NAME OF SPOUSE OR PARENT (CIRCLE ONE) _____ OFFICE PHONE _____ Ext. _____
SPOUSE OR PARENTS' EMPLOYER _____ OCCUPATION _____
PATIENT'S NEAREST RELATIVE (OTHER THAN SPOUSE) _____ RELATIONSHIP _____
RELATIVE'S ADDRESS _____ CITY _____ ZIP CODE _____
HOW WHERE YOU REFERRED TO OUR OFFICE? _____
DATE OF LAST PHYSICAL EXAM _____
WHAT OPERATIONS HAVE YOU HAD? _____ WHEN? _____
SERIOUS ILLNESSES _____
WHAT MEDICATIONS OR DRUGS ARE YOU TAKING? _____

Insurance

Do you have insurance? _____ If so, with who? _____ HMO or PPO
Most PPO insurance policies cover a portion of Acupuncture treatments. We will provide you with a Super Bill which contains all the information necessary for you to be reimbursed by your provider. We do not bill insurance directly from this office but will help you in any way we can to get your payment reimbursed.
Initial here if you understand and accept these terms: _____

Release of Information

Should the insurance company need your records in order to process your claims, your signature here authorizes us to supply them with information.
Initial here if you understand and accept these terms: _____

Payment Agreement

All payments are due at the time of services. We accept cash, checks. Returned checks will incur a fee of \$25 and any other bank fees that apply.
Initial here if you understand and accept these terms: _____

Cancellation Policy

Notification of less than 24 hour will cause \$45.00 late cancellation fee: Repeated cancellation will also cause a \$45 for reschedule.
Initial here if you understand and accept these terms: _____