ART OF WELLNESS PATIENT INFORMATION SHEET

Art of Wellness ©2016

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First Name		Last Name			Middle	Initial	Age	Birth d	ate
Address			Unit#	City			Sta	ate	Zip Code
mail		🗆	ome phon	ie	□	Cell pho	one		
] work phone	(Check	primary number)	M Gen	F nder	Social Security #	J	Driver's	s license #	
Marital status	Name of Spouse				Sp	ouse Phone	e number		
Employer Name	Occupa	ation		Work A	Address				
Physician Name	Specialty	P	hone #		Address				
nsurance Carrier	Member #		<u> </u>	Name of In	sured		·	Relation to	Insured
Emergency Contact Name		Relationsh	ip		 Ph#1		P	h#2	

Office Policies

- 1. Art of Wellness is required by law to maintain the privacy and confidentiality of your protected health and personal information. This policy is available in our waiting room for you to read or you can request a written copy. Please ask the receptionist for more information.
- 2. If you need to cancel your appointment, please inform us at least 24 hours prior to your appointment. A missed appointment will be charged at full rate. (see fee schedule below)
- 3. There is a service fee of \$25.00 for every returned check from the bank
- 4. **We are out of network providers**. For services with Dr Cai we will contact your insurance company to verify your coverage. If acupuncture is covered, you will be responsible for your co-insurance payment at the time of treatment. For services with Dr Tan all patients are expected to pay their fee in full at the time of services rendered. We will provide a superbill form that may be sent to your insurance company for reimbursement.
- 5. You authorize the release of your medical records or any information necessary to process a claim with your insurance should they contact us.
- 6. We accept payment as: Personal Checks, Cash, Visa, Mastercard and Discover and American Express
- 7. Herb pick up orders require a credit card authorization at the time of order, you will be charged in full once herbs have been prepared. There are no returns on any opened powder or raw herbs. Unopened herbs may be returned for credit only.

FEE SCHEDULE

Doctor	Consultation	Acupuncture	Cupping	F/u	Herbs (wkly)	Missed
				Consultation		Appointment.
Dr. Qineng Tan	\$130	\$125	\$15	\$100	\$39 and up	\$125
Dr. Xiaomei Cai	\$130	\$125	\$15	\$100	\$39 and up	\$125

x	x	X	
Signature of Patient	Signature of Parent/ Guardian	Date	
	(If patient is a under 18 yrs old)		