

## ART OF WELLNESS PATIENT INFORMATION SHEET

Art of Wellness ©2021

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First Name Last Name Middle Initial Sex Age Birth date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Social Security # Driver's License # Marital status Cell phone Home phone

\_\_\_\_\_  
 Home Address Unit # City State Zip Code

\_\_\_\_\_  
 Email Address Employer Name and Work Address Occupation

\_\_\_\_\_  
 Emergency Contact Name Relationship Phone # Address

\_\_\_\_\_  
 Physician Name Specialty Phone # Address

\_\_\_\_\_  
 Insurance Carrier Member # Name of Insured Relationship to Insured

**Referred By:** \_\_\_\_\_  
 Address Phone #

**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 \$30.00 for every returned check from the bank.
4. **We are out-of-network providers.** Please contact your insurance company to verify out-of-network acupuncture benefits. We will provide you with a superbill form that may be sent to your insurance company for reimbursement.
5. You must authorize the release of your medical records or any information necessary to process a claim with your insurance company should they contact us.
6. We accept payment by: Personal Checks, Cash, Visa, MasterCard, American Express, and Discover.
7. Herb pick-up orders will 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 as of 2021**

Doctor	Initial Consultation	Acupuncture	Cupping	F/u Consultation	Herbs (wkly)	Missed appt.
Dr. Qineng Tan	\$145	\$135	\$35	\$120	\$50 and up	\$135
Dr. Xiaomei Cai	\$145	\$135	\$35	\$120	\$50 and up	\$135

X \_\_\_\_\_  
 Signature of Patient

X \_\_\_\_\_  
 Signature of Parent/ Guardian  
 (If patient is under 18 yrs old)

X \_\_\_\_\_  
 Date