

ART OF WELLNESS PATIENT INFORMATION SHEET

Art of Wellness ©2010

_____/_____/_____
 First Name Last Name Middle Initial Age Birth date

 Address Unit# City State Zip Code

 Email Would you like to receive our email newsletters? Y ___ N ___ DO NOT EMAIL ___

 Home phone , Cell phone , Work phone (Check box of primary number)

M F _____
 Gender Marital status Spouse Name Social Security # / / Driver's License #

 Employer Name Occupation Work Address

 Physician Name Specialty Phone # Address

 Insurance Carrier Member # Name of Insured Relationship to Insured

 Emergency Contact Name Relationship Ph#1 Ph#2

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 \$15.00 for every returned check from the bank.
4. **We do not bill insurance directly.** You are expected to pay the fee in full at the time of services rendered. We do not claim responsibility, collect your insurance claim or negotiate.
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 as: personal Checks, Cash, Visa, Mastercard and Discover. (NO American Express)
7. Powder herbs and raw herbs cannot be returned due to the need for it to be specially customized for each patient. Opened patent herbs may not be returned because it cannot be reused. Unopened patent herbs may be returned for credit only.
8. Herb pick-up orders will require a credit card authorization at the time of order. Once herbs have been prepared, you will be charged the full amount.

FEE SCHEDULE as of March 2010

Doctor	Consultation	Acupuncture	F/u Consultation	Herbs (wkly)	Missed appt.
Dr. Qineng Tan	\$130	\$110	\$90	\$36 and up	\$110
Dr. Xiaomei Cai	\$130	\$110	\$90	\$36 and up	\$110

X _____
 Signature of Patient

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

X _____
 Date

For Office Use Only:
 Entered: ___ Mdsft ___ Init
 Sig: ___ Info ___ Plcy ___ Hx ___ Arbi ___ Csnt
 Ref Ltr: _____ Date ___ Init