ART OF WELLNESS PATIENT INFORMATION SHEET

Art of Wellness ©2011

First Name _____ Last Name _____ Middle Initial _____ Age ____ Birth Date _____/_____/_____

Address _____ Unit# _____ City _____ State ____ Zip Code _____

Email Address # 1 _____ Email Address # 2 _____ (Check for primary email)

Home Phone _____ Cell Phone _____ Work Phone _____ (Check for primary number)

Social Security # _____/____/_____ Driver's License # _____ Gender _____ Marital Status _____ Spouse Name _____

Employer Name _____ Occupation _____ Work Address _____

Physician Name _____ Specialty _____ Phone # _____ Address _____

Insurance Carrier _____ Member # _____ Name of Insured _____ Relationship to Insured _____

Emergency Contact Name _____ Relationship _____ Phone #1 _____ Phone #2 _____

Referred By: _____ Name _____ 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 $25.00 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 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. (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 office 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 2011

Doctor	Consultation	Acupuncture	F/u Consultation	Herbs (wkly)	Missed appt.
Dr. Qineng Tan	$130	$110	$90	$39 and up	$110
Dr. Xiaomei Cai	$130	$110	$90	$39 and up	$110

X_____ Signature of Patient

X_____ Signature of Parent/ Guardian (If patient is a under 18 yrs old)

X _____ Date