

ART OF WELLNESS PATIENT INFORMATION SHEET

Art of Wellness ©2009

_____/_____/_____
 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 _____ , _____ , _____ (Check box of primary number)
 Cell phone _____ Work phone _____

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 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 credit only.

FEE SCHEDULE

Doctor	Consultation	Acupuncture	F/u Consultation	Herbs (wkly)	Missed appt.
Dr. Qineng Tan	\$130	\$100	\$90	\$36 and up	\$100
Dr. Xiaomei Cai	\$130	\$110	\$90	\$36 and up	\$110

X _____
 Signature of Patient

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

X _____
 Date

<p>For Office Use Only: Entered: ___ Mdsft ___ Init Sig: ___ Info ___ Plcy ___ Hx ___ Arbi ___ Csnt Ref Ltr: ___ Date ___ Init NptF/U: ___ Date ___ Init</p>
