



32670 Highway 20, Suite 5 Fort Bragg, CA (707)

969-7148

## Acupuncture

Emily Head, L.A.c, MAOM

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### Personal and Financial Information

#### PERSONAL & WORK INFORMATION

Patient Name: \_\_\_\_\_ Email \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex M F Social Security # \_\_\_\_\_

\_\_\_ Married \_\_\_ Partner \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you learn about Pacific Healing Acupuncture: \_\_\_ Friend: referred by: \_\_\_\_\_

\_\_\_ ad \_\_\_ internet \_\_\_ drive-by \_\_\_ health professional: \_\_\_\_\_ other \_\_\_\_\_

#### FINANCIAL & INSURANCE INFORMATION

Do you have Medical Insurance that covers Acupuncture? \_\_\_ Yes \_\_\_ No If yes, please check type

\_\_\_ Private Health Insurance \_\_\_ Workers Compensation \_\_\_ Auto Insurance

Insurance Company: \_\_\_\_\_

Policy or ID# \_\_\_\_\_ Group, Plan or Program \_\_\_\_\_ Claim # \_\_\_\_\_

Insured Relationship to Patient: \_\_\_ Self \_\_\_ Spouse \_\_\_ Child \_\_\_ Partner

Insured Name: \_\_\_\_\_ Insured: \_\_\_ M \_\_\_ F

Insured Social Security: \_\_\_\_\_ Insured birthdate: \_\_\_\_\_

Insured Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insured Phone: \_\_\_\_\_ Emergency # \_\_\_\_\_

Payment for all services and dispensary items are due at the time of the visit, unless your insurance benefits have already been verified. I understand that I am responsible for all charges of services provided, even if insurance company pays partial payment or denies coverage. Your insurance policy is a contract between you and your insurance company and we cannot guarantee payment of your claims. All patients with health insurance coverage

of acupuncture services, should note that the following items are not covered by most health insurance plans and you will be directly responsible for payment of these services or products:

\*late cancellation fees; \*telephone consultations; \*Chinese herbal medicine; \*salves, creams, patches, nutritional supplements

You will be billed for any difference in insurance payments. Unless a specific payment plan has been agreed upon and put into writing, PHA reserves the right to charge interest on any outstanding balance on the account. After 2 months, a 5% compounded interest will accrue, after 6 months, 8% compounded interest will accrue.

I hereby authorized the release of medical information necessary to process my insurance claim (if applicable) and any future insurance claims, without obtaining my signature on each claim. This may include intake forms, chart notes, reports, correspondences, billing statements and any other information to my attorneys, health care providers and insurance case managers. I give permission for the staff at PHA to contact me via telephone or email and leave a message that may contain appointment or medical information if I am not available.

I have stated all medical conditions that I am aware of and will keep my practitioner informed of any changes. I agree to provide **24 hour** cancellation notice. If I fail to do so, I agree to pay the assigned appointment fee. (Please note that insurance companies **do not** pay this, you do).

I have read and understand the above-stated office policies of Emily Head, LA.c, Pacific Healing Acupuncture, and will comply with them to all respects.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**If you have an attorney representing your claim, please provide the following information below.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_