ID Acupuncture

Patient Registration

About You

Last Name			First Name		
Birth Date(M/D/Y)	/ /		SSN	- -	
Address (Street)			City		
Apt, Suite, Unit			State		
Telephone No.			Zip		
Marital Status	Single [ ]	Married [ ]	Divorced [ ]	Widowed [ ]	Other [ ]
Gender	Male [ ]	Female [ ]			
How did you find out about our clinic?	Google [ ]		Magazine [ ]		Yellow Pages [ ]
	Clinic Signs [ ]		Friend (Name?)		

Emergency Contact

In case of emergency, who may we contact on your behalf?

Name		Relationship to Patient	
Phone		Home / Work / Cell	

Office Policy/Financial Responsibility Statement

Medical Consent

I consent to the procedure of acupuncture by signing the attached forms.

Financial Agreement

I agree that I am obligated to pay the clinic in full for any fee due. Should the amount be referred to an attorney or collection agency, I shall pay for all fees and expenses for collection.

Insurance Benefits

I hereby authorize payment to the clinic for services provided for me under the terms of the insurance policy. I understand I am financially responsible to the clinic for any fees not reimbursed, covered, or denied by the insurance company.

Release of Medical Information and Use Other Information

My personal health information will be protected with reasonable commercial care as required by law. I authorize any medical information, or other information about me, may be released to the Social Security Administration, Insurance Company, or other entities as required by law. I acknowledge that from time to time the clinic may send me or reply by email or letters as necessary to communicate about my health condition.

Patient Acknowledgement

Signature		Date	/ /