



PACIFIC HEALING

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

969-7148

Acupuncture

Emily Head, L.A.c, MAOM

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: _____