

Genevieve Allen, L.Ac.
Acupuncture Clinic
102 NW 99th St.
Vancouver, WA 98665
(360) 750-1489

PATIENT INFORMATION

Name: _____ Date: _____

Age: _____ Date of Birth: _____ Female _____ Male _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone _____

Employer _____ Occupation: _____

Insurance Carrier _____ ID # _____

Group # _____

Marital Status _____ Emergency Contact _____ Relationship _____

Telephone _____ Family Physician: _____

How did you hear about our clinic? (referral, yellow pages, insurance, etc.) _____

FINANCIAL POLICY

We are happy to file insurance claims for you. You will be expected to cover your first payment out of pocket if your coverage hasn't yet been determined by our office. Acupuncture sessions are one hour long except for the first visit which generally runs about two hours. Appointment times are reserved especially for you; we ask that cancellations be made no less than 24 hours prior. You may be charged for an office visit if you fail to cancel in a timely manner.

Payment is due at the end of each visit unless otherwise arranged.

There will be a \$10.00 charge for all returned checks.

I have read the above and understand that I am responsible for payment of my acupuncture treatment.

Signature of Patient or Guardian

Date