



Acupuncture del Soul

Nanie Carrillo

330 E 16th St., Tucson, AZ 85746

Patient Information Initial Visit

Name _____ Today's date _____

Address _____

City _____ Zip _____ Phone _____

Email _____ Birthday _____ Age _____

Emergency Contact _____ Relation _____

Emergency Contact Phone _____

Would you like to receive our newsletter via email ? Y N

Employment

FT _____ PT _____ Retired _____ Unemployed _____ Student _____ Disabled _____

Occupation _____

Purpose of today's visit _____

Have you ever had an acupuncture treatment? _____

When and for what reason? _____

Financial Information and Agreement.

The cost of your treatment is covered by the Veteran's Administration Community Care Network. They do not cover the cost of missed appointments or late cancellations. I block off the time of your appointment for you alone. So, if you do not show up for your appointment or you cancel with less than 24 hours the time of your appointment goes unpaid. Therefore I charge a No Show and Late Cancellation fee of \$70.

Please initial to indicate understanding and agreement.

__ Missed appointments and late cancellations with less than 24 hour notice will be billed to you at \$70.00.

Signature On File

I hereby authorize the assignment of my insurance rights and benefits directly to the provider for services rendered. I fully understand I am financially responsible for any balance not paid by my insurance company or Medicare. I hereby authorize the provider to release **all information** necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

Print Patient's Name _____

Patient Signature: _____

Date _____ (or patient's representative)

Claudia M Carrillo (Nanie) LAc. _____ Date _____