

WELLCOME TO OUR OFFICE

ATP Acupuncture & Chinese Medicine
230 Fremont Courtyard
Fremont, CA 94538

Today's Date
Telephone (510) 713-9086

Thank you for choosing our office
In order to serve you properly we will need the following information.(PLEASE PRINT) All information will be strictly confidential

Patient's name Male Female
Birth date / / Marital status: married single divorced widowed other
Residence address City
State Zip code
Home Phone #: Work Phone #:
If patient is a child, parent or guardian's name
Social security number Driver's license number
Referred to our Clinic by:
Emergency Contact: relationship

Emergency Contact Telephone:

Employment Status: Full Time Part Time Retired unemployed Student

Occupation

Employer's Name: Telephone #:

Employer's Address:

Spouse's Name:

Spouse's employer: Telephone #:

Spouse's employer Address:

Physician's Name: Telephone #:

Physician's Address: Date of last visit

Date of injury or Onset of illness:

Account Paid By: Self Private Insurance Medi-Cal Worker's Comp Other

INSURANCE NFORMATION (Only some insurance company will cover acupuncture)

Primary Insurance: Telephone #:

Insurance Billing Address:

Policy Holder's Name: relationship:

Policy #/ ID # Group #:

Secondary Insurance: Telephone #:

Billing Address:

Policy Holder's Name: relationship:

Policy #/ID #: Group #:

Insurance Responsibility Statement:

Having insurance is not a substitute for payment. Many companies have fixed allowances or percentages based on your contract with them, not with our clinic. It is your responsibility to pay the deductible, co-payment, and any other balances not pay by your insurance. We will assist you in billing your insurance company as much as possible. However, you are responsible for your bill.

Assignment and Release:

I hereby assign my insurance to be paid directly to the provider of service. I understand that I am financially responsible for any non-covered service. I also authorize the provider to release any information required to process any claims.

Signed: Date: