

Patient Insurance Information

CONFIDENTIAL

Acupuncture and Oriental Medicine- Sylvia Salcedo Rojas L.Ac
*700 East 9th Ave, Suite 105 Denver CO 80203 Phone: 303- 832- 7375

Welcome to the Acupuncture and Oriental Medicine Clinic

Please take a moment to provide us with some information about yourself and your health insurance so that we may submit your treatments to your insurance company. The Acupuncture and Oriental Medicine Clinic considers this information private and will hold it in confidence.

NAME (LAST, FIRST, MIDDLE)	DATE
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AGE	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> F female	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW
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PHONE	EMAIL ADDRESS
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HOME ADDRESS		
CITY	STATE	ZIP CODE

MAJOR MEDICAL PRIMARY INSURANCE

INSURED NAME	SOCIAL SECURITY NUMBER
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INSURED DATE OF BIRTH	INSURED EMPLOYER	PHONE
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MEMBER ID NUMBER	GROUP NUMBER
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INSURANCE NAME	INSURANCE PHONE NUMBER
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AUTHORIZED TO RELEASE INFORMATION & PAYMENT OF MEDICAL BENEFITS

I certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered. I hereby authorize the release of any medical information necessary to process insurance claims. I also authorize the release of payments of medical benefits to Sylvia Salcedo Rojas, L.Ac for services or products rendered. I understand that my insurance carrier may pay less than actual billed for services. I agree to be responsible for payments of all services rendered on my behalf or my dependents accordance with my plan benefits. By signing below I have accepted and consent to treatments recommended.

Patient or Responsible Parties Signature

Date

Insurance Financial Policies

Procedure Code	Description of Service	Billed Charge
99203	New Patient Evaluation, 25-35 mins	\$60
97810	Acupuncture, one or more needles	\$32.50
97811	Additional 15 minutes of Acupuncture	\$32.50
99211	Est. Patient, re-eval or new condition	\$30.00
99212	Est. Patient; 15-20 mins	\$25
99213	Est. Patient; 20-25 mins	\$35.35
97014	Electrical Stimulation	10.00

If you have insurance that covers acupuncture we will gladly submit your claims for you. You are responsible for your deductible, your co-pay and co-insurance amounts. If your insurance denies payment of a claim **you are responsible for the billed charges**. Please also fill out our insurance packet before your initial visit if you anticipate having us bill your insurance company for treatments. When possible we will verify your benefits before your first visit.

-The typical first visit is \$125.00 and continuing care visits are \$65.00

-Most conditions require an average of 6-12 treatments, although some will respond well within 5-8 visits and others may require a longer series – this depends on the severity and the chronic nature of the chief complaint.

-MasterCard and Visa are accepted as well as cash and checks.

-Your appointment time is reserved specifically for you. In the event of a missed appointment or an appointment cancelled with less than 24 hours notice you will be charged a \$50 fee. Insurance will not pay for a missed appointment. Please respect our time and commitment to serving you by adhering to this policy.

Please indicate your understanding and acceptance of these policies by signing below:

Signature: _____

Name: _____ Date: _____