DEBBIE YU, DAOM, L.AC

PATIENT REGISTRATION

Please fill out completely

PATIENT INFORMATION

Patient First Name: MI: Last:

Street Address:

City State: Zip:

Date of Birth: Gender: Home Phone:

Email: Cell Phone:

Occupation: Work Phone:

Marital Status (circle one) Single Married Partnered Widowed Divorced Dependent Other

Primary Care Provider (name, address, phone number):

Referred by: ❑ Doctor _____ ❑ Friend/family _____ ❑ Other _____

Emergency contact:

Name Relationship Phone

PRIMARY INSURANCE INFORMATION

Insurance company name: Phone number:

Claims address:

City, state, zip:

Subscriber's name: Date of Birth:

Relationship to you:

ID number shown on card Group number

Employer of insured:

SECONDARY INSURANCE/AUTO ACCIDENT

Date of Injury: Injury related to: ❑visit ❑ work ❑ auto ❑ other

Insurance company name:

Claims address:

City, state, zip:

Subscriber's name: Date of Birth:

Relationship to you:

ID number shown on card Group number

Employer of insured:

I understand that I am financially responsible for all charges and agree to pay for services. I authorize the health care provider to release to my insurance company(ies) any and all information necessary to process my claim. I further authorize that payments be made directly to the health care provider.

Signature: _____ Date:_____

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Clinic Policies

Explanation of Insurance coverage
Many insurance policies do cover acupuncture, chiropractic, naturopathy, and/or massage therapy care but Debbie Yu, DAOM, L.Ac makes no representation that yours does. Insurance policies may vary greatly in terms of deductible and percentage of coverage for services at this clinic. Because of the variance from one insurance policy to another, Debbie Yu, DAOM, L.Ac requires that you, the patient, be personally responsible for the payment of your deductibles, copays, as well as any unpaid balances in this clinic. Debbie Yu, DAOM, L.Ac will do her best to verity your insurance coverage, and will bill your insurance in a timely manner.

24-hour cancellation policy
As a courtesy to other patients, if you are unable to make your scheduled appointment, please utilize the online scheduling system or call 206.552.9756 to reschedule or cancel. Missed appointments, or those cancelled with less than 24 hours notice, except in cases of emergencies, will be charged a $35 fee.

Voluntary Termination of Care
If you suspend or terminate your care at any time, your portion of all charges for professional services is immediately due and payable to this office. All services rendered by this office are charged directly to you, and you, ultimately will be personally responsible for payment regardless of your insurance coverage.

Release of Information
If your insurance company requires medical reports or records to document your treatment or progress, your signature below authorizes Debbie Yu, DAOM, L.Ac to release the medical information necessary to process your claim. “I hereby acknowledge that I have received a copy of this practice’s NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact Debbie Yu, DAOM, L.Ac. I further understand that the practice will offer me updates to this NOTICE OF PRIVACY PRACTICES should it be amended, modified, or changed in any way.”

I have read and agree to the above. I have been given the opportunity to ask any questions clarifying the clinic policies.

Patient Name_____

Patient Signature_____Date_____

Representative Name_____

Representative Signature_____Date_____