

The Acupuncture Clinic
Jayne Sontag L.Ac.
P.O. Box 1373 Soldotna AK 99669*
907-748-5895

Patient Information

Patient Legal Name: _____ Sex: Male _____ Female _____

Nickname/ preferred name: _____ Date of Birth: _____

Marital Status: _____ Social Security Number: _____

Mailing Address: _____ City _____ State _____ Zip _____

Residence Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Preferred Contact Phone: Home Work Cell (please circle one)

Employer: _____ Occupation: _____

Employer Address: _____

Emergency Contact Name: _____

Phone: _____ Relationship to patient: _____

How did you hear about us?: _____

Name of primary insurance: _____

Primary Insured: Self Spouse Parent Other (please circle one)

Primary Insured Name (if not self): _____ D.O.B. _____

Primary Insured S.S.N. (if not self): _____

Plan Name: _____ Group Number: _____

I.D. Number: _____

The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Jayne A. Sontag L.Ac. Dba The Acupuncture Clinic or insurance company to release any information required to process my claims.

Patient / Guardian Signature

Today's Date