



JOYCE LEUNG ACUPUNCTURE, PC

NEW PATIENT REGISTRATION FORM			
Patient's Last Name:	First:	Middle:	Gender:
Street address:		Mobile phone no.: ()	Birth date: / /
City:	State:	Zip Code:	Age:
Email Address:			Height:
Referral Patients (please check): If you have been referred by a medical practitioner, may I share your outcomes with them?			Weight:
<input type="checkbox"/> Yes <input type="checkbox"/> No			

INSURANCE INFORMATION			
Person responsible for bill:	Birth date: / /	Address (if different):	Home phone no.: ()
Occupation:	Employer:	Employer address:	Employer phone no.: ()
Please indicate primary insurance <input type="checkbox"/> Anthem BCBS <input type="checkbox"/> NYSHIP <input type="checkbox"/> United Healthcare <input type="checkbox"/> Cigna <input type="checkbox"/> Aetna <input type="checkbox"/> No Fault <input type="checkbox"/> Other Is this patient covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's name:	Subscriber's ID no.:	Birth date: / /	Group no.:
Patient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			
Name of secondary insurance (if applicable):	Subscriber's name:	Group no.:	Co-payment: \$
		Policy no.:	

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I authorize Joyce Leung Acupuncture or insurance company to release any information required to process my claims.

.....
Patient Signature

.....
Date



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MEDICATIONS & ALLERGIES

List current medications & purpose (including non-prescription):

List any allergies:

CURRENT MEDICAL CONDITIONS

Please indicate if positive for: Pregnancy HIV Hepatitis Diabetes Seizures Metal implants
 Blood-thinning medications High Blood Pressure Pacemaker Other

What are your primary concerns for coming in for acupuncture? How long have you had this condition?

1.

2.

3.

4.

5.

Pain quality feels: Sharp Burning Dull Cramping Tingling
 Stabbing Shooting Aching Throbbing Moving

Is the pain: Fixed Moving Constant Cramping Intermittent

Pain **improved** with: Pressure Stretching Exercise Cold Heat

Pain **worse** with: Pressure Stretching Exercise Cold Heat



JOYCE LEUNG ACUPUNCTURE, PC

ADVISORY TO CONSULT PHYSICIAN & CONSENT TO ACUPUNCTURE

Joyce Leung Acupuncture is committed to your health and well-being. While Chinese Medicine has much to offer, it cannot replace the resources available through our biomedical experts. There is, after all, a place for all things to exist in harmony. Therefore, it is recommended that you also consult your primary care physician regarding any condition for which you are seeking help through Acupuncture and Chinese Medicine.

To comply with Article 160, Section 8211.1 [b] of NYS Education law, it is requested that you read and sign the following statement:

- I, undersigned, do affirm that I have been advised by Joyce Leung Acupuncture to consult a physician regarding the condition or conditions for which such patient seeks acupuncture treatment.
- I, hereby, request and consent to receiving Acupuncture treatments and other related procedures within the scope of practice of Acupuncture and Chinese Medicine by the acupuncturist indicated below. I understand that methods of treatment may include, but are not limited to: Acupuncture, Cupping, Gua-sha, Electrical Stimulation, Myofascial manipulation, Chinese herbal medicine, and Nutritional counseling.
- I understand that Acupuncture is a generally safe method of treatment, but that there may be some minor side effects – such as local bruising, a sensation of warmth, numbness or tingling in the area of the inserted needles. The effects may last a few minutes to a few days, depending on the person. There may also be a sensation of dizziness and fainting in rare cases. Please remember to have a small meal an hour before your visits, and be well hydrated to reduce the above mentioned effects.
- By signing below, I show that I have read and understand that it is recommended that I consult a physician for my condition(s) that I am seeking acupuncture for, and that I voluntarily consent to receiving acupuncture treatments.

Printed Name

Signature

Date

Acupuncturist Signature

Date



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INSURANCE AGREEMENT

Insurance Coverage:

- If you have The Empire Plan, Blue Cross Blue Shield, Aetna, Cigna or United Healthcare, your plan may include acupuncture benefits. I will gladly go over your policy with you so you understand exactly what your benefits are & whether you have any deductibles to satisfy before any acupuncture services are covered.

Assignment of Benefits:

- By signing this form, you are authorizing that payment of medical benefits be made directly to this office. If your insurance company (mostly Anthem BCBS) sends payment to you for services received in this office, you agree to endorse and forward these payments to me upon receipt.
- In the event that your health insurance policy does not cover the services incurred, you agree to pay for such services in addition to any co-payments, deductibles, & coinsurances as required by your policy.

Release of Information:

- By signing this form, you are authorizing release of any information concerning your health care, advice & treatment provided for the purpose of evaluating & administrating claims for insurance benefits.

Printed Name

Signature

Date

Acupuncturist Signature

Date



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FINANCIAL AGREEMENT

Payment Arrangements:

- All payments for office visits are due at the time of service.
- All home visits are to be paid in full before the appointment.
- For those paying by medical insurance, the deductibles reset at the start of each calendar year. Please note that it is your responsibility to satisfy your annual deductible before the insurance starts paying for services.

Insurance Patients:

- Many insurance policies currently cover acupuncture care. I am happy to verify your insurance information for possible coverage.
- Insurance policies may vary greatly in terms of deductibles & percentage of coverage for acupuncture care. All deductibles must be satisfied first before insurance coverage can be activated.
- Patients pay full office visit fees until deductibles are met.
- For your convenience, I will submit claims directly to your insurance company for processing.
- After deductibles are met, patient will pay only the co-pay rate indicated on your insurance policy card.
- If your insurance only covers a percentage of the total cost of treatment, you will be responsible for the balance (co-insurance) at the time of service.

Methods of payment:

- Preferred payment is Cash, Zelle or Venmo.
- Credit cards, HSA/FSA cards are accepted, but are subject to standard 4% swipe fee.

Printed Name

Signature

Date

Acupuncturist Signature

Date



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CANCELLATION POLICY

- Please honor your appointment by being on time. Cancellations must be made before 24 hours of the appointment.
- For cash, credit card & insurance patients, please note you will be charged \$140 for each no show.
- Prepaid package patients will lose one visit for each no show.

Joyce Leung Acupuncture is very strict about this policy as it helps to serve you and other patients better. In order to schedule any appointments, all clients must provide a credit card number to be kept securely on file. In the event of a late cancellation, your credit card will be charged for the cost of your session.

Please enter your credit card information below:

Name on Card	
Credit Card No.	
Expiration Date	
CVC	
Billing Zip Code	

I ascertain that I have read and fully understand the payment arrangements & cancellation policy.

Printed Name

Signature

Date

Acupuncturist Signature

Date