

Chen's Acupuncture & Chinese Medicine Clinic, P.S.

Peishan Chen

L.Ac.

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Patient Information and Financial Form

Welcome, we appreciate the opportunity to serve you. To save time and allow us to better serve you, please complete all questions.

Name _____ Birthdate _____
Last First Middle

Address _____
Street City State/ZIP Email
May we email you information/updates? YES NO

Phone _____ Gender: M/F Marital Status: S/M/D/W # Children _____

Occupation _____ SSN _____

Employer _____ Business Ph _____

Employer's Address _____

Spouse's Name _____ Employer _____

It is understood that the fees for the initial visit will be paid at the time of the first appointment.

I plan to make payment for services rendered as follows:

Cash _____ Insurance _____ Insurance Name _____

I agree with the above payment plan.

I clearly understand and agree that all services rendered to me are all charged directly to me and that I am personally responsible for payment. I agree to pay interest on past due balances at the rate of 1% per month, and if my account is sent to a collection agency, I am responsible for any attorney fees incurred.

Patient signature _____ Date _____

Language spoken: English Chinese Other _____

How did you hear about Chen's Acupuncture & Chinese Medicine Clinic?

one of our patients/your friend, Mr./Ms. _____

advertising in newspaper/magazine - which one _____

attorney/other Dr. _____

radio TV Yellow Pages Chinese Yellow Pages other _____