



Registration

Name: _____ Date: _____

Address: _____ City & Zip: _____

Phone: (H) _____ (W) _____ (Cell) _____

Email: _____ Date of Birth: _____

Primary Care Physician: _____ Phone: _____

Person to reach in case of emergency: _____ Phone: _____

Primary Insurance: _____

Membership ID # _____ Group # _____

Who may we thank for referring you? _____

Fee Schedule (due at time of service):

Initial Consultation & Treatment\$85 Adult; \$60 Pediatric

Follow-up Treatments\$65 Adult; \$45 Pediatric

It is my intention to provide quality acupuncture that is affordable and accessible.

Please use my sliding scale only if you are unable to afford my normal fees:

Income (total household income)	Initial consultation & treatment		Follow-up treatments	
	Adult	Pediatric	Adult	Pediatric
+ \$60,000	\$85	\$60	\$65	\$45
\$50,000 - \$60,000	\$80	\$55	\$60	\$40
\$40,000 - \$50,000	\$75	\$50	\$55	\$35
\$30,000 - \$40,000	\$70	\$45	\$50	\$30
Under \$30,000	\$65	\$40	\$45	\$25