



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 # _____

Who may we thank for referring you? _____

Fees Due at time of service (discounted for cash pay/uninsured) :

| | |
|--|---|
| Initial Consultation & Treatment | \$115 Adult; \$80 Pediatric |
| Follow-up Treatments | \$85 Adult; \$65 Pediatric |
| Student/Medicare/Medicaid Rates..... | \$70 Adult; \$50 Pediatric |

Insurances Accepted :

(Please check with your plan to make sure that Acupuncture is a covered benefit)

- AARP Medicare Complete
- Aetna
- CHP Group
- Cigna
- Liberty Healthshare
- Optum Health
- United Healthcare
- United Healthcare Group Medicare Advantage