

MIND-BODY WELLNESS CENTER (Mind-Body Acupuncture)

Patient Registration Form

Patient Information

Name: (Last) _____	(First) _____	(Middle Initial) _____
Home Address (Street) _____ (City) _____		
(State) _____ (Zip Code) _____		
Email _____ @ _____		
Date of Birth: ____/____/____		Gender: F / M
Tel: (Home) _____		(Cell) _____

Emergency Contacts

Name: _____	Relationship: _____
Tel: (Home) _____	(Cell) _____ (Work) _____

Please tell us how you found us:

Refer by _____ Internet: _____ Flyers _____ Walk-by _____ Other _____

Treatment and Financial Agreement

I hereby certify that to the best of my knowledge, all statements contained hereon are true.
 I understand that I am directly responsible for all charges incurred by medical services for myself and my dependents regardless of insurance coverage.
 I furthermore agree to pay legal, interests, collection expense and attorney's fee should it become necessary to assign any amount I may owe for collections.
 I hereby authorize Mind Body Wellness Center (AKA Mind-Body Acupuncture) to release information requested by my insurance company for service rendered.
 I authorize all payments for these services to be paid directly to Mind Body Wellness Center.
 I have read and understood the "**HIPAA Notice of Privacy Practice**" and how my medical information may be used and disclosed and how I can get access to this information.
 I fully understand that this agreement and consent will continue until cancelled by me in writing.

_____ / _____ / _____
 (Patient/Guarantor Signature Above) (Guarantor Relationship) (Date)