



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
- American Specialty Health
- Anthem
- Blue Cross Blue Shield
- CHP Group
- Cigna
- Liberty Healthshare
- Optum Health
- United Healthcare
- United Healthcare Group Medicare Advantage