



## 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? \_\_\_\_\_

### Discounted Fees (Due at time of service):

Initial Consultation & Treatment .....~~\$90~~ Adult; ~~\$65~~ Pediatric

Follow-up Treatments .....~~\$70~~ Adult; ~~\$50~~ Pediatric

(Non-discounted, usual and customary fees are \$220 Initial and \$180 follow-ups)

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

*Please use our sliding scale (due at time of service) only if you are unable to afford my normal fees:*

(total household income)	Initial consultation & treatment		Follow-up treatments	
	Adult	Pediatric	Adult	Pediatric
+ \$60,000	\$90	\$65	\$70	\$50
\$50,000 - \$60,000	\$85	\$60	\$65	\$45
\$40,000 - \$50,000	\$80	\$55	\$60	\$40
\$30,000- \$40,000	\$75	\$50	\$55	\$35
Under \$30,000	\$70	\$45	\$50	\$30