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New Patient Intake – Acupuncture

Name _____ Today's date: ___/___/___

Address _____ City _____ State _____ Zip _____

Birthdate ___/___/___ Age _____ Sex _____ E-mail _____

Marital Status Single Married Divorced Separated Domestic Partner Other _____

Name (if applicable) _____

Do you have children? Yes No Ages: _____

Would you like to be added to our email list? We do not share your information and typically use it so you know about upcoming classes or lectures at Genesis!

YES NO

PHONE NUMBERS

<u>Home</u>	<u>Cell</u>	<u>Work</u>

Primary Care Physician _____ Phone _____

Employer _____ Occupation _____

EMERGENCY CONTACT INFORMATION

Contact is: Parent Guardian Spouse Domestic Partner Other _____

Name _____ Phone Number _____

How did you hear about us?

Why are you here for acupuncture or other traditional Chinese medicine services? (primary health/wellbeing concerns – physically, mentally or emotionally)

Are there any other concerns or significant information about your health or health history that you feel you need to communicate to me?

If you are having a Chinese herbal consultation, please list all medicines, nutritional supplements, herbs or homeopathics you are currently taking:

Informed Consent to Treat Acupuncture and Chinese Medicine

Treatment and Care

This document provides important information regarding the services being provided and should be carefully reviewed. Please ask any questions you have regarding services before signing this document.

I hereby request and consent to the performance of Acupuncture or other Asian medicine modalities, which may include (during this session or a future scheduled appointment), but are not limited to, Moxibustion, Acutonics, Chinese herbal formulas or Chinese medicine dietary counseling.

The Genesis Acupuncturist will help me to understand that there is no implied guarantee that any treatment or recommendation will cure any condition,, and that the focus of work is to encourage a more balanced and harmonious flow of the vital energy (Qi) within the body, based on the theories and diagnostic system of traditional Chinese medicine. I understand that I have the opportunity to discuss any of the treatments to be performed on/recommended to me and to have any of my questions or concerns addressed.

I also understand that the Acupuncture treatment or herbal/dietary consultation are provided and performed by a state and nationally certified and licensed practitioner.

Following the diagnostic intake, the Acupuncture procedure consists of the inserting of fine, pre-sterilized, disposable stainless steel needles through the skin at various acupuncture points along energy pathways that run near the surface of the skin. When applicable, the treatment may also include Moxibustion (a warm herb held above the surface of the skin over the Acupuncture points or along energy pathways to strengthen the body's function and vitality, and to soothe and relieve pain). It may also include Acutonics (an energy healing system involving the use of the power of sound vibration by using tuning forks above or on the surface of the body).

The Acupuncturist will help me to understand the sensations I will likely feel during the treatment, and any possible discomfort or mild bruising that may fleetingly or temporarily occur during or after treatment.

The herbs in recommended formulas are in great majority from plant substances, but there are some from animal and mineral substances, and are historically considered and found to be safe to use. Most are used very safely and harmoniously concurrently with supplements and allopathic medicines. Any possible negative interaction will thoroughly researched by your provider to ensure your safe use of any herbal formula.

By signing below, I am agreeing to the above named procedures, having had my questions and concerns addressed of course understanding that I may discontinue the treatment process and any time during the course of the session; that request will be fully honored.

I, _____, am of sound mind and able to understand the Acupuncture and Chinese Medicine services offered to me in relation to my health care at *Genesis Natural Medicine Center*.

Sign Name

Date

Patient Financial Policy

Thank you for choosing Genesis Natural Medicine Center as your naturopathic health care provider. We are committed to walking with you on your road to good health. It is important to us that you understand your financial responsibility to Genesis to ensure there will not be any misunderstanding regarding payment for services rendered. Please ask us if you have any questions about our policies or your responsibilities. Carefully review the following information and return this form to us with your signature and today's date.

Our doctors require that all patients complete the New Patient Intake Form prior to seeing the doctor. This information needs to be updated annually or at the time of an appointment if there are information changes (i.e. address, name, email, insurance information, etc.).

PAYMENT: We require full payment at the time of service. We accept cash, Visa, MasterCard and Discover. Our policy is to take credit card information before a phone consult unless other arrangements were made prior to the appointment.

INSURANCE: It is the patient's responsibility to provide Genesis Natural Medicine Center with current, accurate insurance information. Our doctors use your insurance information when working with one of our labs so they can submit the claim for payment. There are some insurance plans that do not cover labs when ordered by a naturopath (i.e. Medicare, AHCCA, Tricare, etc.). When your insurance changes please give the front office your new insurance card. Genesis understands how expensive health care can be for our patients. We have partnered with Ronnette's Medical Billing and Coding to provide to you an excellent referral service to enable you to file your claim for reimbursement. Ronnette's Medical Billing and Coding charges our patients \$10 to file a claim. She accepts cash and checks only. If you choose to use her service, we will collect the payment during checkout and provide you with her information. Ronnette picks up receipts to begin the reimbursement process once a week. She will contact you to discuss the details of her service with you.

MEDICARE: *Only* our Chiropractor accepts Medicare. If you are a Chiropractic patient and a Medicare recipient, please provide us with your current Medicare card. You will be charged the Medicare allowable rate at the time of service. Our Medical Biller and Coder will file your claim for reimbursement. Your reimbursement will be mailed directly to you. If you have any questions, please speak to our front office.

GYNECOLOGY VISITS: If a Pap test has been ordered, the lab bill will either be submitted to your insurance, or billed directly to you.

DISCOUNTS: Genesis Natural Medicine offers discounts to patients. After the first initial appointment, any follow up visits reflect only the time spent with the doctor. We do not charge a flat rate for follow up visits as is the practice of many medical offices. We charge based on 15 minute increments, this gives our patients a considerable savings. Many patients do not have insurance. We offer lab work at doctor pricing. This is a significant savings for our patients. At Genesis Natural Medicine Center the more expensive a supplement is, the deeper the discount. It is important to us to offer supplements that are Rx quality at the best possible rate.

CANCELLATION POLICY: Genesis Natural Medicine Center has a 24 hour cancellation / rescheduling policy. The doctor has reserved your appointment time specifically for you. For your convenience, we will call you 48 hours in advanced to remind you of your appointment.

If you miss your appointment, cancel or change your appointment with less than 24 hours notice, you will be charged \$50.

Thank you for understanding our Financial Policy. We appreciate the opportunity to provide our services for your medical needs. If you have any questions, we encourage you to speak with the front office.

I have read and understand the Genesis Natural Medicine Center Financial Policy.

Print Name

Sign Name

Date

HIPAA Compliance Form

How We Collect Information About You: Genesis Natural Medicine Center, PLC (“Genesis”) and its employees collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, sell, lend, or disseminate any information about applicants or clients who are treated by Genesis as it is considered confidential and is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to provide you with health or counseling services (including notification of health lectures, seminars, events, etc.) which may require communication between other health care providers, medical product or service providers, pharmacies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need; or to obtain or purchase any type of medical supplies, devices, or medications.

Print Name *Sign Name* *Date*