

**PURE BALANCE HEALING ART CENTER**

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**== FOR OFFICE USE ONLY ==**

No Eye  No Music  No Heat

Today's Date: \_\_\_\_\_

**PATIENT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please circle **ALL** that apply: Employed / Retired / Other | Married / Single / Divorced / Widowed / Other

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Care Physician (PCP): \_\_\_\_\_ PCP Phone: \_\_\_\_\_

Patient language preference  English  Spanish  Others \_\_\_\_\_  Need an interpreter

**INSURANCE INFORMATION**

Policy Holders:  Self  Spouse  Child  Other |  Health Ins.  Worker's Comp.  Auto Ins.  Other

Policy Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*(if different)*

Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insured's ID#: \_\_\_\_\_

Policy Group ID#: \_\_\_\_\_ Insurance Plan Name/Program: \_\_\_\_\_

Do you have Medicare Coverage?  No  Yes \*\* Acupuncture is **NOT Covered** by Medicare in California  
(*Medicare Advantage Plan* might have acupuncture coverage.)

**FINANCIAL AGREEMENT**

We participate in many different insurance plans. We will file your insurance claims for the companies with whom we are contracted. You will be responsible for any co-payments or deductibles at the time services are rendered. For some insurance we accept assignment of benefits but in all cases we require that the guarantor, the person who is financially responsible, is personally liable for all balances not covered by insurance. It is our responsibility to understand and comply with any predetermination of benefits or referral requirements. Please be aware that some, and perhaps all, of the services provided may be non-covered services or may not be considered medically necessary under the Medicare Program or by other medical insurance companies. You will be responsible for co-payment, deductibles, out-of-network amounts or any portion your insurance company indicates is your responsibility. Payment for co-pays are expected at the time of service. If this fee is not covered by insurance it will be your responsibility. We allow your insurance company 45 days to pay your claim. If we do not receive payment in 45 days, you will be given a bill at that time. For our HMO/EPO/POS/PPO patients, if we are contracted with your HMO/EPO/POS/PPO, you will not receive a bill until we have heard from your insurance company.

**ASSIGNMENT OF INSURANCE BENEFITS**

I hereby authorize direct payment to Pure Balance Healing Art Center of any insurance or health benefits otherwise payable to or on behalf of the patient for examination, treatment or devices delivered to me by Pure Balance Healing Art Center, at the rate not to exceed Pure Balance Healing Art Center's usual charges. I understand that verification of insurance coverage obtained over the phone or online is estimated and does not guarantee payment and that insurance coverage is a relationship between the patient and his or her insurance company(s). I agree to accept financial responsibility for any charges for goods and services rendered to the patient that are not paid by insurance or health benefit plan pursuant to this assignment of benefits. I have been informed that Medicare does not provide payment for acupuncture treatments.

## RELEASE OF INFORMATION

I hereby authorize Pure Balance Healing Art Center to release any medical information about the patient necessary to determine liability for payment and to process any claim for examination, treatment or devices received by the patient. I also authorize Pure Balance Healing Art Center to release the medical records of the patient to the patient's referring physician or family physician indicated on the first page of this form.

## CANCELLATION & NO SHOW PENALTY

24-Hour Notice is required for the cancellation or a scheduled appointment. Failure to give 24-Hour notice or not coming to a scheduled appointment may result in being **Billed FULL Amount (\$75)** for the session. In the case of an accident, weather-related causes, if the appointment can be rescheduled within the week, or the appointment can be filled, the fee may be waived at the discretion of the Acupuncturist. Insurance companies CANNOT be billed for missed appointments. In the instances of repeated non-compliance with scheduled visits, we reserve the right to discontinue care.

## INFORMAED CONSENT

I hereby request and consent to the performance of Acupuncture and Electro Acupuncture procedures within the scope of the practice of Acupuncture on either myself or my dependents (that I am legally responsible for) by the Acupuncturists of Pure Balance Healing Center. All licensed Acupuncturists have been trained in and comply with strict standards set by California Acupuncture Board for the License and Oriental Medicine for clean needle technique. Pure Balance Healing Center only uses disposable needles and disposes of them in accordance with hazardous materials laws and guidelines.

I hereby request and consent to other medical modalities such as Oriental herbal medicine, Tui-na massage, Cupping, Moxa therapy, FIR lamp, Gua Sha, nutritional counseling and other non needling techniques that may be used during my treatment at Pure Balance Healing Center and will only be provided by trained professionals and when appropriate by licensed individuals.

Chinese herbal medicine and other supplements may be suggested as part of your treatment plan. If you have been prescribed a Chinese herbal formula you must provide an updated list of any medications (OTC or prescribed) to ensure the best efficacy and safety. If you have any poor reaction to a Chinese herbal formula such as, but not limited to, diarrhea, nausea, tingling in the roof of the mouth or numbness of the tongue stop the formula immediately and call one of our providers at Pure Balance Healing Center.

I have been informed and understand that Acupuncture is a safe and effective method of treatment, but it can cause local bruising, numbness or tingling near the needling site, dizziness and fainting. All Acupuncturists working with and for Pure Balance Healing Center are Licensed Acupuncturists who follow all safety protocols when performing Acupuncture to minimize and reduce this risk. While infection is another possible risk, Pure Balance Healing Center. Acupuncturists only uses sterile disposable needles and maintains a clean and safe environment where only trained and licensed Acupuncturists provide Acupuncture services. Cupping will cause local non painful bruising, which is normal and typical for this treatment method. A rare, but potential risk of cupping can include small blisters and burns. I understand that if Moxibustion & Heat treatment (TDP/FIR) are recommended for treatment, that while rare, burns and scars are a potential risk of this treatment.

Patient's initial\_\_\_\_\_

If I am pregnant, could be pregnant or trying to get pregnant some herbal formulas and Acupuncture points may be inappropriate for pregnancy and I will notify my practitioner immediately if I am or hope to become pregnant to avoid the rare, but possible risk of spontaneous miscarriage.

Patient's initial\_\_\_\_\_

If a Chinese herbal formula is prescribed to me, I agree to follow instructions as they have been given and will notify my practitioner of any other medications that I am currently taking or of any new medications prescribed to avoid any conflict between herbal formula and OTC or prescribed medications. Possible side effects of taking herbs are nausea, gas, stomach ache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. If I experience any of these symptoms I agree to stop taking the herbs and notify my practitioner within 24 hours.

Patient's initial\_\_\_\_\_

I do not expect the clinical staff to be able to anticipate and explain all the possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known is in my best interest. I understand that results are not guaranteed.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing this document, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this

consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

I understand the general intent and benefits of acupuncture treatments and the procedure has been explained to me. I understand acupuncture therapy is a substitute for medical treatment, and that it is recommended that I concurrently work with my practitioner for any condition I may have. I am aware that the acupuncturist does diagnose illness or disease by Oriental Medicine, and does not prescribe medications. The Acupuncturist is a Primary Care Physician in the State of California.

I have informed the Acupuncturist of all my known physical conditions, medical conditions and medications, and will keep the Acupuncturist updated of any changes. I understand that there shall be no liability on the Acupuncturist's part due to my forgetting to relay any pertinent information. If I experience any pain or discomfort during the session, I will immediately communicate this to the Acupuncturist.

**FINANCIAL RESPONSIBILITY AGREEMENT BY OTHER THAN PATIENT'S LEGAL REPRESENTATIVE**

I agree to accept financial responsibility for the good and services rendered to the patient and to accept the terms of the Financial Agreement, Assignment of Benefit, and Release of Information, Cancellation & No Show Penalty, Informed Consent provisions above.

**HIPAA ACKNOWLEDGEMENT**

The Health Insurance Probability & Accountability Act (HIPAA) of 1996 is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPPA, we have prepared an explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your information.

Pure Balance Healing Art Center's HIPPA privacy policies are available to read and print on our website. Please ask if you would like a copy to read upon your visit to our clinic.

Please date, sign and print your name below to acknowledge that you have read and understand Pure Balance Healing Art Center's Cancellation Policy and Notice of Privacy Practices.

\_\_\_\_\_  
**Printed Name** of Patient or Legal Representative

\_\_\_\_\_  
**Signature** of Patient or Legal Representative

/ \_\_\_\_\_  
Date

----- **NOTICE TO CONSUMERS** -----

Acupuncturists are licensed and regulated by the California Acupuncture Board.

----- (916) 515-5200 <http://www.acupuncture.ca.gov> -----