

清 Great Spirit Acupuncture

Hello and welcome to my acupuncture practice!

I hope that this will be a positive experience for you and your health.

There are a few forms that need to be filled out prior to treatment. Please read and sign all forms. If there is some information not asked for that you think might be helpful in your treatment, please let me know.

I, Kimberly A. Summitt, L.Ac., Dipl. Ac., do not participate with any insurance provider networks, however, super bills can be generated for you to submit to your insurance carrier for reimbursement. Appointments not cancelled within 24 hours to scheduled time will be charged a missed appointment fee (\$130.00). Payment is due when services are rendered, unless prior arrangements have been made.

I understand that all my medical/health information will be kept confidential by my treating acupuncturist and will not be released without written consent. A copy of the privacy policy is available to me at my request.

I also understand that NJ state law requires my acupuncturist to advise me of the importance of consulting a physician regarding my condition.

If you have any further questions, please feel free to ask.

I, _____, have read the above and know that as the patient I am responsible for full payment for my acupuncture treatment(s). I realize if I want to be reimbursed through my insurance carrier, I will be provided a bill from Kimberly A. Summitt, L.Ac., Dipl. Ac.

Print name

Signature

Date