

Acu-Chiropractic Wellness Center, P.A.

4590 Scott Trail Suite 110
Eagan, MN 55122
(651) 454-1000
Fax (651) 454-4375

Name: Mr/Ms/Mrs/Dr: _____ D.O.B: ___/___/___ Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Referred: _____ SS# _____

Employer: _____ Employer City: _____ Occupation: _____

Spouse: _____ Phone: _____ D.O.B: ___/___/___ Employer: _____

Spouse SS#: _____ Closest Relative: _____ Phone: _____

Payment Options

Cash

When payment (In full) is received on day of service, same day discount will apply.

Major Medical or Auto Insurance with Assignment. (Please circle one)

As a courtesy, Acu-Chiropractic will take assignment for your chiropractic benefits. All uncovered expenses, including co-payments, are to be paid at the time of service. When payment (In full) is received on day of service, same day discount will apply.

Medicare

As a courtesy, Acu-Chiropractic will take assignment for your chiropractic benefits. Medicare covers 80% after the \$135.00 deductible has been met.

Workers Compensation

Workers compensation is covered at 100% of the Minnesota allowed amounts. Patients are not responsible for any charges from a workers compensation claim. When payment is received (In full) on day of service, same day discount will apply.

Secondary Insurance

Acu-Chiropractic will submit to your secondary insurance after we have received your explanation of benefits from your primary insurance company. When payment is received (In full) on day of service, same day discount will apply.

HIPPA (Federal Law/Acu-Chiropractic Policies)

- If you are unable to keep your appointment, please notify the office 24 hours before your scheduled time. Acu-Chiropractic reserves the right to charge the individual directly for missed appointments.
- I have read and understand the contents of the following:
 - Notice of Privacy Practices/Patient Consent Form: (initial) _____
 - Acupuncture Informed Consent: (initial) _____
- Acu-Chiropractic reserves the right to charge a fee for returned checks:
- Acu-Chiropractic will charge a 1.5% monthly interest fee for accounts over 90 days past due. A \$25/monthly late fee will be accessed for all accounts over 120 days past due. The patient will be responsible for all fees if the account is sent to a collection agency.

Patient/Guardian Signature: _____ Date: _____