Welcome to Meade Danielle Acupuncture & Wellness. We want you to be comfortable and to receive the best care possible. Please do not hesitate to ask any questions regarding your visit, billing, or our policies.

We comply with HIPPA, The Health Insurance Portability and Accountability Act f of 1996, established rights and protections for healthcare consumers and created responsibilities for healthcare providers. The HIPAA Privacy Rule of April 14, 2001 requires healthcare providers to implement administrative, technical, and physical safeguards to ensure the security of your individually identifiable health information. I acknowledge that I have read this notice.

Initial_____

INSURANCE COVERAGE Many insurance policies cover Acupuncture, but we do not claim that yours does. Policies can differ greatly in terms of deductible and percentage of coverage for Acupuncture. We can verify coverage and submit your claim form for reimbursement, provided you sign financial agreement below.

Initial_____

RELEASE OF INFORMATION Your insurance company may require medical reports to document our treatment and progress. Your initials below authorize the release of medical information necessary to process your claim.

Initial_____

CANCELLATIONS As a courtesy to our office and other patients, we ask that you please notify the office at least 24 hours in advance if you need to cancel or reschedule your appointment. You will be charged a $80.00 fee for any missed appointment or cancellation giving less than 24 hours notice for any non-emergency situations

Initial_____

FINANCIAL AGREEMENT/ASSIGNMENT OF BENEFITS

I, (print full name) _____, am receiving or about to receive health care services in this office. I understand that I am responsible to pay all non-insurance related fees when services are rendered, including herbs, etc. If I choose to use my insurance I understand I will be responsible for all “non covered” services and /or coinsurance/co-pays associated with my office visit. In addition I authorize insurance payment of medical benefits to Meade Danielle Acupuncture & Wellness. By signing below, I agree to comply with the office policies stated above which I have read and understood. I also authorize the use of this signature on all insurance submissions.

Patient Signature : _____ Date: _____

Acupuncture Informed Consent

Acupuncture includes the techniques of electro-acupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation and moxibustion (the therapeutic use of thermal stimulus at acupuncture points by burning the herb, artemisia). Potential risks: pain or discomfort at the site of needle insertion, infection, bruises, weakness, fainting, nausea, moxibustion or TDP lamp burns, pneumothorax, and spontaneous miscarriage. Potential benefits: acupuncture may allow for the painless relief of one's symptoms without the need for medications or other invasive therapies, and improve the balance of bodily energies leading to the prevention of illness, or the elimination of the presenting problem.
If I choose to take herbs, I will notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of herbal formulas.
The Commonwealth of Pennsylvania regulations are:

1) A person may be treated by a licensed acupuncturist for a specific condition for up to 60 days **without** a medical diagnosis or physician referral.
2) There is no limit to the length of treatment with an acupuncturist once a physician has seen the patient for diagnosis of the condition.

I request and consent to receive Acupuncture treatments and other procedures within the scope of the practice of Acupuncture by the licensed acupuncturists who now or in the future treat me while employed by, working or associated with, or serving as back up for Meade Danielle Mueller, Lac. including those working at the office listed above, and/or any other office or clinic, whether signatories to this form or not.

_____ Printed Name

_____ Patient Signature _____ Date