



**Rootstock**  
**ACUPUNCTURE** LLC  
**Client Information**

Date of First Visit \_\_\_/\_\_\_/\_\_\_  
 month day year

First Name	Gender	Date of Birth ___/___/___ month day year
Last Name		Birth Place
Street Address	Occupation	
City, State, ZIP	Health Insurance Co:	
	Member ID #	
Phone ( ) -  Alternate Phone ( ) - Is it ok to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it ok to text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address  May we send you occasional updates and specials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Status (please circle): Single Partner Married Widowed Divorced		
Name of Emergency Contact	Phone ( ) -	
Relationship	Alternate Phone ( ) -	
Name of your Primary Physician  Name(s) of your Specialist Physician(s), if applicable. Please indicate specialty.		
Have you ever been treated with acupuncture before? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been treated with Chinese herbs before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about Angela Kociolek, L.Ac. & Rootstock Acupuncture, LLC? Please circle all that apply: Internet Print Referral Other _____		
If referral, who may we thank?		
Your privacy is important. If we have a chance meeting in public, would you like Angela to acknowledge and greet you? <input type="checkbox"/> Yes <input type="checkbox"/> No		



**Rootstock**  
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**Policies**

**Prior to Your Appointment**

Eat lightly and please refrain from using any products with noticeable fragrance and avoid coffee or other stimulants prior to your appointment. Please plan to gently resume your day after your acupuncture session.

**Payment**

Full payment is due at the time of service unless we are filing insurance claims for you.

Clients who pay at time of service and who do not require additional filing and/or administrative assistance are eligible for a discount.

Cash or check are preferred. All major credit cards are accepted. Any applicable discounts vary with payment method.

Returned checks will incur an additional fee commensurate with bank fees plus \$10.

**Insurance**

We are currently participating providers with PacificSource Health Plans, Allegiance and Cigna.

Sign here to authorize the above listed insurers to pay us directly: \_\_\_\_\_

For Blue Cross Blue Shield and all other insurance companies, and upon request, we provide you with all necessary information so that you may submit for reimbursement yourself. Clients requiring this administrative assistance are not eligible for a discount.

You, the client, are responsible for understanding your insurance benefits, deductible, co-pays/co-insurance, etc. for acupuncture. You are responsible for full payment if your insurance company, for any reason, refuses coverage or sufficient payment for acupuncture services.

**Appointment Times and Late Arrivals**

Your appointment time is reserved for you and your needs. We make every possible effort to begin sessions at the scheduled time. Please be punctual for your appointment. If you will be more than five minutes late, please call or text (406)209-2570. Depending on the situation, we may need to reschedule.

**Cancellations and Unattended Appointments**

If you must cancel or reschedule, please provide no less than 25 hours notice so that another patient may have the opportunity to use your appointment slot. We understand this may not be possible in the case of an emergency. In this case, please notify us as soon as possible to reschedule. Unattended appointments or less than 25 hour notification will be charged \$25 on the first occasion and full rate for any subsequent occasions.

**Acknowledgement**

I have read and understand the policies stated above.

Signature of Patient (or Guardian) \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_  
month day year

**Thank you!**

**Acupuncture is Tax Deductible on your Federal Taxes:** Keep track of your receipts or request a ledger at the end of the year. The cost of acupuncture and herbs *that are prescribed* are deductible medical expenses if the accumulated medical costs are over and above 7.5% of the patient adjusted gross income on the Federal 1040. (<http://www.irs.gov/pub/irs-pdf/p502.pdf>)