Sage Wellness Center
601 South B Street Suite A
San Mateo, Ca. 94401
info@sagewellnesscenter.org
www.sagewellnesscenter.org
Phone 650-343-7899

Thank you very much for choosing to work with us at Sage Wellness Center. Enclosed you will find the necessary paperwork to establish you as a patient. Please take the time to fill out the attached forms and bring them with you to your scheduled appointment.

Your appointments are very important to us. We work hard to stay on schedule and make the most of the time we are together. We ask that you arrive a little early before your scheduled appointment so you may settle in. The first appointment can take up to an hour and a half. Follow up appointments are approximately an hour. If you have any lab results you think helpful please fax them ahead of time.

Because we block time aside just for you we need to enforce our 24 hour cancellation policy. Please give us at least 24 hour notice to cancel or reschedule an appointment to avoid being charged. If it is less that 24 hours please still give notice, as often times we still can fill the appointment and save you the charge.

We are looking forward to meeting you. At your first visit a full health history will be taken and several recommendations given for your goals to be reached. We do have a custom herbal pharmacy therefore a custom herbal prescription may be suggested as well. If you have any questions please do not hesitate to call.

Thank you very much,

New Patient Information

Name_____

Address_____

City_____ State_____Zip Code_____

Please indicate which number you prefer us to use when contacting you.

Home Phone_____Work Phone _____

Cell Phone _____Email_____

Occupation _____

Date of Birth _____

Who referred you ?_____

Reason for visit?_____

In case of Emergency please contact_____

Relation _____Phone#_____

Patient Signature_____

All patient information in strictly confidential
Our office is HIPPA compliant.
We go the extra effort to protect your privacy.

Informed Consent to Treatment

I consent to acupuncture treatments and other procedures associated with Traditional Chinese Medicine by the Licensed Acupuncturist named below. I have discussed the nature and purpose of my treatment with the Licensed Acupuncturist.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation. Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling.

The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine. I understand that some herbs may be inappropriate during pregnancy.

I will notify the Acupuncturist who is caring for me if I am or become pregnant, or if I have, or develop a heart condition.

I do not expect the Licensed Acupuncturist to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment, which the Licensed Acupuncturist thinks at the time, based upon the facts then known, is in my best interests.

I understand the Licensed Acupuncturist may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below I show that I have read, or have had read to me, this 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 that I must give at least 24 hours notice for a cancellation or rescheduling to avoid being charged.

_____ _____

Print Name of Patient | Print Name of Patient Representative or Translator

x _____ _____

Signature of Patient (or Representative) | Signature of Representative or Translator

Office Policies and Information

•Parking- We have a private parking lot for your convenience. Please enter into Suite A.

•Insurance- If you would like us to check your insurance coverage please fill out the top portion of our Insurance Benefits Verification Form and fax back to us at (650) 458-9209 . It usually takes 3-5 days for us to confirm benefits. Once we receive confirmation or denial, we will contact you with the information we have obtained. If you have an insurance plan that we are not contracted with, or a flex spending account, we will gladly provide you will a superbill. It will have all the information necessary for you to submit to your insurance company to get your reimbursement directly.

•Payment- Payments are due to our office at the time of your visit. We accept Visa, MasterCard, American Express, checks and cash. We do keep your credit card on file to secure your appointments.

•Herbs- Unopened bottles of supplements can be returned within 30 days with receipt. Custom herbal formulations are non-refundable.

•Discount Packages- We provide discount packages to allow a significant savings for a series of acupuncture sessions. These packages are considered **non-refundable**. If there is a circumstance where the package must be refunded, you lose the discounted per visit rate. The remaining value is determined by subtracting the visits used, at the normal office rate, from the package price. There is also a 10% banking/refund fee.

•Appointments- Please keep travel time traffic and parking into consideration when planning your visits. If possibly try to arrive early for a cup of tea and time to settle in and relax. If you are more than 15 minutes late we will need to reschedule your appointment and it will be treated as a missed appointment. We do our best to stay on schedule and not run late, however if for some reason your acupuncturist is late on starting your session, you will still be given the full time for a complete session.

•Contacting you- We do provide confirmation calls for all of your appointments. If you do NOT want us to contact you please let our receptionist know so she will make special notes in your file. If you prefer for an email confirmation to be sent please let the receptionist know and make note on your contact information form.

•We try our utmost to have your visit to Sage be relaxing and therapeutic. We ask that you turn cell phones off and refrain from bringing small children.

Sage Wellness Center is compliant to HIPAA regulations.
Patient confidentiality is important to us. If you would like further information regarding patient rights please ask us.

Please read and initial below:

____ It is acceptable for Sage Wellness Center to call me regarding my appointments and/or treatment.

____ I received, read, understood and signed the form entitled "Informed Consent to Treatment" from Sage Wellness Center.

____ I agree to an initial rate of $185.00 for my first visit and a rate of $95 for Treatments thereafter. I understand there are also discounted packages that are available as well.

____ I am aware that discounted packages never expire and are considered non-refundable.

____ I am aware that cost of diagnostic tests, herbs and or supplements will be additional to cost of treatment.

____ I am aware that all information is kept strictly confidential and will only be used to provide me with the best care possible.

_____ I acknowledge and understand I may be charged for a visit if I do not give at least 24 hours notice prior to cancellation or rescheduling.

_____ I have read and agree to all of Sage Wellness Center's Office Policies & Information.

By voluntarily signing below, I show that I have read,
agree to and understand the above.

_____
Print Name of Patient

X_____
Signature of Patient

_____
Date received and signed

Credit Card Information

We ask to keep your credit card information on file to secure your appointments and for any purchases you may like. We will never charge your credit card without giving you prior notice. You will always have the option of using a different method of payment.

Date_____

Patient name_____

Name on card_____

Credit card number_____

Expiration date on card_____

Security code_____

VISA M/C AMEX DISCOVER

Special notes:

_____

_____

_____

SAGE WELLNESS CENTER INSURANCE POLICIES

We are happy to work with your insurance if it is an approved insurance company with our insurance billing agreement. We currently accept most PPO insurance plans and some out of network policies. We will check coverage and let you know before any services are received. Please call ahead of your first appointment to see if we accept your particular insurance. Often times it takes a few days to confirm coverage so please give us enough time so you are fully informed about if and what will be covered.

Office Rates: We have our office rate which is $250 for first visit and $190 per follow up appointments. This is the amount that will be billed to your insurance for acupuncture. Other modalities used may be extra. If you do not use insurance and pay in full at time of your visit, you will receive our discounted cash fee of $185 for first visit and $95 for follow-up visits.

By signing below you agree to pay any portion of the office rate that is not covered by your insurance. We will keep your credit card information on file to secure payment for any portion of your session the insurance companies may not cover. We will not charge your credit card without contacting you and only if your unpaid balance has gone delinquent over 90 days. By signing below you accept responsibility for any remaining balance. We will inform you once we receive payment from your insurance company and clearly detail any remaining balance and discuss payment options (approx. 3-4 weeks from first appointment).

Credit Card #_____ _____ Expiration Date_____

Security code_____ Billing Zip Code_____

Patients Signature _____Date_____

Thank you very much. We look forward to working with you.