Wellstone Acupuncture, LLC - Helen Bornstein, LAc.

☐ *In Ntwk* ☐ *Out of Ntwk*

Patient Intake

Date: _____

Patient Name: _____ D.O.B.: _____

Insurance Carrier: _____ Ins. Phone: _____

Emergency: _____ ID/Claim #: _____

Type: Standard Claim *Symptoms Began / Date of Accident:* _____

Patient Information Chief Complaint: _____ ☐ Male ☐ Female

Full Address _____

Phone _____ Email _____

Marital Status: Married *Employment Status:* Employed *Relationship to Insured:* Self

Insured Information Ins. ID #: _____ ☐ Male ☐ Female

Name: _____ D.O.B: _____

Full Address: _____

Plan Information Group: _____ Plan: _____

Calendar / Plan Year: ☐ Calendar ☐ Plan *Effective:* _____

Claims Address: _____

Sub to: _____ Payer ID: _____

Deductible IN: _____ OUT: _____

	Acupuncture	**Office Visit**	**Physical Therapy**
Covered @ **IN/**	% of allowed	% of allowed	% of allowed
OUT/	% of allowed	% of allowed	% of allowed
Copay/Co-Ins: **IN/**			
OUT/	Balance	Balance	Balance
Yearly Max / Used			
Combined with:			

Notes: _____

Ref #: _____ Carrier Rep: _____