



Dancing Bear Healing Center Change of Address Information Sheet

Patient Information

Name _____ Date _____
Address _____ City _____ State _____
Zip _____ Home phone _____ Work phone _____ Cell _____
Email _____
In emergency notify (name): _____ Emergency phone number: _____
Primary Care Doctor _____ Last seen: _____

Payment

Payment is due at time of service. If you have insurance, we will be happy to provide you with a Superbill that you may use to submit to your insurance carrier. We do not bill insurance nor are we in network with any carriers. We also do not bill Medicare; you will need to submit a Superbill to be reimbursed. You must verify in advance with your insurance carrier and/or Medicare what the coverage is, if any. Many carriers do not cover acupuncture. Some cover acupuncture but it may not be on your specific policy. Medicare only covers low back pain.

The above information is true to the best of my knowledge. I understand and accept that I am responsible for full payment of my account and that payment is expected at the time of service in cash. I also understand and accept that I am expected to notify Dancing Bear Healing Center 1 business day of 24 hours prior to any cancellations or changes to my appointment times and that if I do not I may be charged \$25 for the missed appointment.

Appointment reminders are sent via email from Calendly.com or via Text message if you have no email access. I understand that this will be my only reminders of my appointment.

X Signed: _____ Date: _____

Parent / Guardian (if applicable) _____