

# Nature's Grace, Inc. Patient Registration Form

## ***Patient Information***

<b>Name:</b> (First) _____ (M.I.) _____ (Last) _____		
<b>Date of Birth:</b> /     /     (mm/dd/yy)	<b>Gender:</b> (Male) _____ (Female) _____	
<b>Tel:</b> (Home) _____ (Cell) _____ (Work) _____		
<b>Home Address:</b> (Street) _____ (City) _____ (State) _____ (Zip Code) _____		
<b>SSN:</b> -                 -	<b>DL#:</b> _____ (State) _____	
<b>Insurance:</b> (Y) _____ (N) _____		

## ***Emergency Contacts***

<b>Name:</b> _____	<b>Relationship:</b> _____
<b>Tel:</b> (Home) _____ (Cell) _____ (Work) _____	

## ***Worker Compensation Use Only***

<b>Employer:</b> _____
<b>Tel:</b> _____
<b>Address:</b> (Street) _____ (City) _____ (State) _____ (Zip Code) _____

### **Please tell us how you found us:**

Refer by \_\_\_\_\_ Internet \_\_\_\_\_ Advertisement \_\_\_\_\_ Other \_\_\_\_\_

## **Treatment and Financial Agreement**

I hereby certify that to the best of my knowledge, all statements contained hereon are true.

I understand that I am directly responsible for all charges incurred by medical services for myself and my dependents regardless of insurance coverage.

I furthermore agree to pay legal, interests, collection expense and attorney's fee should it become necessary to assign any amount I may owe for collections.

I hereby authorize Nature's Grace, Inc. (DBA May's Acupuncture & Herbs or DBA Nature's Grace Wellness Center) to release information requested by my insurance company for service rendered.

I authorize all payments for these services to be paid directly to Nature's Grace, Inc. (DBA May's Acupuncture & Herbs or DBA Nature's Grace Wellness Center).

I have read and understood the "**HIPAA Notice of Privacy Practice**" and how my medical information may be used and disclosed and how I can get access to this information.

I fully understand that this agreement and consent will continue until cancelled by me in writing.

\_\_\_\_\_  
(Patient/Guarantor Signature Above)

\_\_\_\_\_  
(Guarantor Relationship)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)