

Melanie Misenheimer, LAc  
 Blossoming Earth Acupuncture & Holistic Medicine  
 (704) 995-9926

**Patient Information**

Name:		Date of birth:	
Address:			
Phone / cell:	home:	work:	
Is it okay to leave a message at any or all of these phone numbers? Indicate Y or N next to the phone number above.			
Email:	Occupation:	# hours/week:	
Gender (birth sex):	Gender (that you presently identify as):	Marital status:	
Emergency contact:	Relation:	Phone:	
Primary Care Provider:		Phone:	
Other Healthcare providers:			

**Acknowledgment of Financial Responsibility & Health Insurance Release of Information**

I acknowledge that I am financially responsible for all charges for the healthcare services I receive from Melanie Misenheimer. In the event that my health insurance company refuses to pay benefits for the services I receive, I acknowledge that I am financially responsible. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, I, the undersigned, agree to pay for all costs and expenses, including reasonable attorney fees.

I hereby authorize Melanie Misenheimer to release information necessary to secure payment to insurance billers, insurance companies, and other related entities. I authorize my health insurance company to assign directly to Melanie Misenheimer all owed benefits. I understand that my insurance company may require me to pay a co-pay for the services I receive.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_