

SAAT Client Information

Name (First, Middle, Last) _____

Guardian Name (If applicable) _____

Phone (H) _____ (W) _____ (C) _____

Home Address _____
(Street) (City) (State) (Zip Code)

Date of Birth _____ Age _____ Sex _____

Email Address (Optional) _____

Emergency Contact Name/Number _____

Name of Referring Person _____

Name of Primary care Physician _____

Client Financial Agreement

- Cancellation of appointments needs to be done at least **24 hours in advance**, otherwise we will need to charge a \$50.00 no show fee.
- A **\$40.00** fee will be charged for any returned checks.
- A minimum fee of **\$25** will be charged to the client if this account should be sent out for collection.
- Should this account be referred to an attorney, a collection agency, or court, **I agree to pay all collection/attorney fees** that may be incurred by Sher Stout or any party associated with AHO in connection therewith or any other fees or expenses incurred by Sher Stout or any party associated with AHO in relation to this account. If my account is delinquent, I agree to pay interest on the full outstanding balance at the maximum rate allowed by law.
- I understand that AHO does not accept any form of health coverage and that I am fully responsible to pay AHO the full charges of all services rendered at the time of the appointment.
- A copy of this agreement may be used in place of the original.

Signature of Client/Guardian _____ Date _____

SAAT Permission to Discuss

I, _____, give Sher Stout of Aspire Health Options LLC permission to discuss all necessary information with employees of Aspire Health Options and the licensed acupuncturist performing SAAT the following information (as indicated):

_____ Evaluation Results

_____ Billing Information

_____ Treatment

_____ Other (please specify): _____

With the following people:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

Signature of Client/Guardian

Date

***Note: This form must be filled out in order to ensure the confidentiality of our client's records.