

**PATIENT INFORMATION and PAYMENT AGREEMENT**

For DJamal Kord LAc 528 Arizona Avenue Suite 208, Santa Monica, CA, 90401 (310) 451-2036

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Marital Status \_\_\_\_  
*first last month day year*

Address \_\_\_\_\_ e-mail \_\_\_\_\_  
*street address apt. # city state zip*

Work Tel (\_\_\_\_) \_\_\_\_\_ Home Tel (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
*Please indicate preferred contact number*

Employment \_\_\_\_\_  
*employer address city state zip*

Person to contact emergency \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*name relationship telephone number*

**MINORS** Please list both parents/legal guardians here.

\_\_\_\_\_  
**INSURANCE INFO** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Insurance company plan name address telephone number*

Subscriber \_\_\_\_\_  
*Name (if different from patient) relationship to patient employer/school birth date*

I.D. # group # \_\_\_\_\_

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**FOR YOUR INFORMATION** At this time, some fees are as follows: (Fees are subject to change.)

Initial office consultation, history, examination and evaluation, With acupuncture treatment (1-1½ hours total)	\$100.00
Follow up acupuncture (per 55 minute visit or first 15 min. needling)	\$ 80.00
Additional 30 minutes at visit or additional 15 min. needling (each)	\$ 50.00
Multiple visits per week	TBD
Initial herbal consultation, history, examination and evaluation	\$100.00
Follow up herbal consultation	\$ 50.00
Herbal supplements	TBD
House calls: fee per hour of roundtrip travel and appointment	\$200.00
Cupping, Tuina, Moxibustion	TBD
*Sliding scale available on limited basis	

I agree to pay in full for any scheduled time that is not cancelled at least 24 hours in advance. I agree that I am personally responsible for my entire financial obligation to this office. I agree to pay at time of service. If insurance is billed, I will pay the balance in full upon notice of insurance payment, denial or non-response. I have read the above information and certify it to be true and correct to the best of my knowledge. I agree to inform DJamal Kord LAc, of any changes in my health, pregnancy status or medications taken while under their care: I understand it may affect what treatment, advice or herbal prescription would be given to me and the results of that treatment. I consent to treatment.

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*Signature (parent's signature if patient is a minor) Date*