

Renée S. Melfi, MD P.C.

Certified Medical Acupuncturist

3400 Vickery Road
Syracuse, NY 13212

Tel: (315) 701-4000 Fax: (315) 671-5058

Dear Patient:

Your appointment with Dr. Melfi is scheduled for _____ at _____ a.m./p.m. at the Vickery Road office. In an attempt to make your visit with us a pleasant one, we ask that you arrive 15 minutes early for this appointment so that we may prepare your chart. As a courtesy to other patients, we regret that late arrivals will not receive an extension of their scheduled appointment time, thus their treatment time will be shortened.

CHECK LIST OF ITEMS TO BRING FOR YOUR APPOINTMENT:

- Completed Acupuncture Medical History Form (enclosed)
- Completed Demographic Form (enclosed)
- Signed Financial Policy (enclosed)
- Signed Informed Consent (enclosed)
- Signed Insurance Information Sheet (enclosed)
- Related Medical Records, if you feel they may be helpful
- Loose clothing, you may choose to change into a gown or to bring your own T-shirt and shorts to change into.
- Patients under 18 years old must be accompanied by parent.

FINANCIAL POLICY:

Dr. Melfi is not a participating provider with any insurance companies for acupuncture; full payment is required at the time of service. We accept cash or check. We will, upon request, provide you with a fee ticket, which you may then submit to your insurance company.

All scheduled appointments require a **24 hour cancellation notice** or you will be held financially responsible. Each late cancellation will be billed at a rate of \$75.00 per visit. Each no-show will be billed for a full office visit fee.

Please let us know if you have any questions or concerns. We look forward to making your acupuncture visit a pleasant experience.

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Demographics Form

Name: _____

DOB: _____

Address: _____

Phone: Home _____ Work _____

Email address: _____

Primary Care Physician: _____

Phone: _____

Occupation: _____

Emergency contact: Name _____

Phone _____

Please Note: I require 24 hours notification for all cancellations. Cancellations that are less than 24 hours are subject to a fee of \$75.

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FINANCIAL POLICY AGREEMENT

We would like to take a moment to welcome you to our office and hope you will soon share our enthusiasm for the health-enhancing benefits of acupuncture. It is our goal for patients to clearly understand their financial responsibility before their treatment begins.

PAYMENT

Payment is expected at time of service for all acupuncture treatments. We accept payment in the forms of cash and checks. There is a \$30.00 fee for each returned check and only one occurrence is permitted. If second check is returned, we will require cash-only payment from then on.

We do not participate with any insurance company. We will provide the appropriate forms and codes for the patient to file with their insurance company.

CANCELLATION POLICY

All scheduled appointments require a **24 hour cancellation notice** or the patient will be held financially responsible. Each late cancellation will be billed at a rate of \$75.00 per visit. Each no-show will be billed for a full office visit fee.

If you are 15 or more minutes late, your appointment will be cancelled and you will be charged a \$75.00 fee for the reserved appointment.

I have read the preceding information and have been given the opportunity to ask questions clarifying the content. I understand that I am financially responsible for all charges and agree to pay for the services rendered. I understand the contents of this disclosure and agree to abide by these policies.

Name of Client (Printed): _____

Signature of Client: _____

Date: _____

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INFORMED CONSENT

I hereby request and consent to the performance of the following on myself or whom I am legally responsible by licensed acupuncturist, Renée S. Melfi, MD. :

acupuncture, moxibustion, cupping and other oriental medical procedures including diagnostic techniques such as questioning, pulse evaluation, palpation on a variety of areas on my body, observation, range of motion, muscle and orthopedic testing; modes of manual or physical therapy such as massage, manipulation of joints and/or viscera, heat or cold therapy, electrical and/or magnetic stimulation and aromatherapy; dietary recommendation; exercise advice and healthy lifestyle counseling.

I have had an opportunity to discuss with my practitioner the nature and purpose of acupuncture and Oriental Medicine Procedures. Although I am aware that acupuncture and the other procedures in Oriental Medicine have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implied.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needle sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks associated with acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile, disposable needles and maintains a clean and safe environment. Burns and/or scarring are potential risks of moxibustion and cupping. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the acupuncturist to exercise such judgment during the course of my treatment as the practitioner feels at the time, based on the facts known, to be in my interest. I authorize the staff to perform any necessary services needed during diagnosis and treatment.

I have read or have had read to me, this informed consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions(s) for which I seek treatment at the Renée S. Melfi, MD P.C. Acupuncture office.

Patient Signature _____ Date _____
(or Patient representative)

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WILL INSURANCE COVER MY VISIT?

Dr. Melfi does not accept insurance for acupuncture visits. That makes her an out-of-network provider with all insurance carriers. However, acupuncture may be covered by your insurance and we suggest that you contact your insurance carrier to determine if they cover acupuncture treatments provided by an out-of-network provider. If coverage is available, we will be glad to provide you with a receipt for each visit so that you can submit it with your insurance form to your insurance carrier for reimbursement. Please be aware that if you participate with Medicare that they do not reimburse for acupuncture treatments.

Acupuncture treatments can require up to 1-1 1/2 hours for new visits and 30-40 minutes for follow-up visits. It is important that the necessary time is taken to get to know you and understand what problems you may be experiencing. Dr. Melfi believes that wellness begins with the patient-doctor relationship and there is no substitute for time of contact with the patient. Most insurance carriers do not recognize the importance of contact time with the physician and on average only reimburse for a quarter of the necessary time. By being an out-of-network provider, Dr. Melfi can provide you with the hands-on attention you deserve.

Payment is expected at the time of treatment. We accept cash, personal check or most credit cards.

Integrative medical care does not replace the need for a primary care physician. You must maintain an on-going relationship with a primary care physician.

I have read and understand the policies listed above.

Name (Printed)

Date of Birth

Signature

Date