



# Opus Acupuncture

Timothy E. O'Brien DA, M.Ac.

Doctor of Acupuncture

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## CONFIDENTIAL INFORMATION

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status: S M D W

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail \_\_\_\_\_ (cell phone) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Who referred you to Opus Acupuncture \_\_\_\_\_

Main Complaint \_\_\_\_\_

## CONSENT TO TREATMENT

I request care for my medical condition and do hereby voluntarily consent to the rendering of care and management of my complaint with Acupuncture and Oriental Medicine that the Doctor of Acupuncture considers to be necessary or advisable.

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

## INSURANCE COVERAGE

Primary Insurance \_\_\_\_\_ (phone) \_\_\_\_\_

Insurance Address \_\_\_\_\_

Group # \_\_\_\_\_ Subscriber # \_\_\_\_\_

Person Responsible For The Account \_\_\_\_\_

Relationship To Patient \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN \_\_\_\_\_

## ASSIGNMENT AND RELEASE

I, the undersigned, certify that I (or my dependent) have insurance coverage with \_\_\_\_\_ and assign directly to Dr. Timothy E. O'Brien and Opus Acupuncture all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

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

## HIPAA PRIVACY

Federal privacy guidelines have been established to safeguard your health information. HIPAA explains how, when and why we may use and share your protected health information (such as other medical professionals, insurance, etc.). Sign below if you understand your rights. A formal copy of our privacy statement is available to you upon request.

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

## THANK YOU FOR CHOOSING OPUS ACUPUNCTURE

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Opus Acupuncture is located at 66 Nooseneck Hill Road (Rt. 3) in W. Greenwich, RI

Our mail address is:  
PO. Box 837 Wyoming, RI 02898

Telephone: 401-397-6333 Fax: 401-397-3124  
Visit us at [www.coventryri.com/opus.htm](http://www.coventryri.com/opus.htm)