

Los Altos Acupuncture Center

INSURANCE VERIFICATION FORM

This form is only required if you plan on using health insurance. To determine whether your insurance provider covers acupuncture and related services, please fax or mail this form to our clinic a few days before your visit so we can verify your eligibility.

Please print all information clearly.

Patient Name _____ Date of Birth _____

Cell Phone (_____) _____ Home Phone (_____) _____

Email _____

Insurance Provider _____ Policy Holder Birthdate _____

Policy Holder Name _____ Patient Relation to Holder _____

Policy Holder Insurance ID _____ Group ID _____

Insurance Provider Address _____ City _____

State _____ Zip _____ Insurance Phone (_____) _____

Are your symptoms a result of Employment? Auto Accident? Other Accident?

If so, and you want to include your acupuncture visits in your claim, please provide your

Claim # _____ Contact Person _____

All fees for medical services are due at the time of visit unless previous arrangements have been made between Los Altos Acupuncture Center and your insurance provider. Insurance is considered a method of reimbursing the patient for fees paid to the health provider and is not a substitute for payment. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid by your insurance provider. Note that all published prices reflect a courtesy discount for cash patients.

Signature _____ Date _____