

Acupuncture Northwest

Acupuncture, Herbal Medicine,
1328-9th Ave.
Longview, WA 98632
(360) 636-0991
FAX (360) 636-5255

Patty Kuchar, L.Ac.

INSURANCE FORM

Name _____ SSN _____

Address _____ City _____ Zip _____

Home phone () _____ Work Phone () _____

Are You () Married () Single () Widowed Date of Birth _____

Employer Name _____ Address _____

Spouse's Name (if Married) _____

Spouse's Date of Birth _____ SSN _____

If insurance coverage is under spouse's employer, please furnish the following:

Employer Name _____ Address _____

Phone () _____ Work: () full-time () part-time () Unemployed

INSURANCE INFORMATION

Insurance Company Name _____

Insurance ID# _____ **Group #** _____

Under whose name is coverage provided? _____

Address to send claims _____

Authorization for payment: I authorize the release of any medical or other information necessary to process insurance claims. I authorize payment of medical benefits to the provider herein for services and treatment received by me.

Signature _____ Date _____