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_____

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_____

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_____