

Insurance Coverage

If you are covered for acupuncture under insurance, please list:

Insurance Company _____

Member number _____

Number of visits allowed per year _____

Co-pay due at the time of visit \$ _____

My plan renews on _____

I, _____, understand that I am ultimately responsible for the full payment of treatment if the insurance company does not cover the full cost.

If I either forget or do not give 24 hrs notice to cancel an appointment, I am responsible for the full cost of the treatment fee \$125.00; my insurance company is not.

I am responsible for keeping track of my used appointments.

Patient's Signature

Date