



Katia Durand, M.S., Acupuncture specialist & Chinese herbalist
700 Warren Ave. N Seattle 98109 (206) 547-3387

Insurance Information

Patient's Name: _____ DOB: _____

Insured's Name (if different) _____ DOB: _____

Insured's Address (if different) _____

Insurance Carrier: _____ Plan or Program Name: _____

Policy ID #: _____ Group # _____ Effective Date: _____

Employer: _____

Secondary Insurance Carrier: _____

Discounted fees are available for payment at time of service (with no insurance billing by our office).

It is the patient's responsibility to contact their insurance carrier to confirm acupuncture coverage performed by a *licensed acupuncturist*. To avoid any surprises, please be aware of all restrictions that may apply under the terms of your policy. Such as, the conditions covered by acupuncture & the number of allowable visits, etc. Certain services performed in this office may not be covered by your insurance.

Our office may submit a claim to your insurance company as a courtesy. However, we do not call insurance companies regarding benefits, claims issues or negotiate disputed claims. It is the patient's responsibility to be informed of their benefits, and to make any necessary calls to their insurance agent for issues around processing of claims or lack of payment.

I understand I am responsible for all bills incurred at this office and agree to pay, in a current manner, for any services not covered by my insurance policy.

I hereby authorize the release of medical information to my insurance carrier concerning my condition and treatments. I hereby instruct my insurance company to make payments to Kathryn Durand LAc. for medical and professional services rendered.

I _____ acknowledge that I have read and understand the above information.

Patient Signature _____ Date _____