TRACY ANDERSEN LAc

acupuncture · shiatsu · chinese herbs

Insurance Verification Form

Patient Name_____

Insurance Company_____

Insurance ID#_____ Group or Plan #_____

Date of Birth_____ Email address_____

Name of insured (if not the patient)_____

Date of birth of insured:_____ Employer_____

Home address_____

Home telephone number_____

Insured relationship to patient: spouse__ child__ partner__ other__

Insurance company:_____

Address:_____

Phone:_____

Please complete all fields, then call our office at: 503.250.3012 or FAX the form to: 503.208.8028. Thank you!

acupunctureoregon.com
2301 NW Thurman St, Suite O
Portland, Oregon 97210