

Alpenglow Acupuncture, LLC

907-336-6692

Patient Insurance Eligibility

Patient Name		DOB	Phone #
Primary Insurance		Insured Name	DOB
Policy #	Group #	Relationship:	Self Spouse Parent
Calendar Year Plan or	Plan Date	Subject to Deductil	ble? Y N
Deductible \$		Remaining \$	
Out of Pocket \$ _		Remaining \$ _	
Ask for a reference numbe	er:		
	Office visit	Acupuncture	
Co-Pay or %			
Approved a Year			
Remaining			
Secondary Insurance		Insured Name	DOB
		Insured Name 	
Policy #		Relationship:	Self Spouse Parent
Policy # Calendar Year Plan or	Group #	Relationship: Subject to Deductil	Self Spouse Parent
Policy # Calendar Year Plan or Deductible \$	Group # Plan Date	Relationship: Subject to Deductil Remaining \$	Self Spouse Parent ble? Y N
Policy # Calendar Year Plan or Deductible \$	Group # Plan Date	Relationship: Subject to Deductil Remaining \$	Self Spouse Parent ble? Y N
Policy # Calendar Year Plan or Deductible \$	Group # Plan Date	Relationship: Subject to Deductil Remaining \$ Remaining \$	Self Spouse Parent ble? Y N
Policy # Calendar Year Plan or Deductible \$ Out of Pocket \$ _	Group # Plan Date	Relationship: Subject to Deductil Remaining \$ Remaining \$	Self Spouse Parent ble? Y N