

# Alpenglow Acupuncture, LLC

3343 Fairbanks St.  
Anchorage, Alaska 99503  
(907) 336-6692

**PATIENT:** \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Last Name First Name Initial

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer \_\_\_\_\_

Sex: M F Marital Status: Single Married Partner Widow/er Separated Divorced

Partner's Name: \_\_\_\_\_

**Responsible Party:** \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_

Address: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Subscriber ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_

Address: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Subscriber ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Referred By:** Friend/Co-worker \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Yellow Pages (which one) \_\_\_\_\_

## **Release, Assignment and Statement of Responsibility**

I authorize release of any information necessary to process my insurance claims and assign and request payment directly to the provider(s). I understand that I may revoke this consent at anytime in writing to this office. I further understand that I am responsible for payment for all products and services rendered to me or any patient for which I am the guarantor of payment.

X \_\_\_\_\_ Date

## **Notice of Privacy Practices**

Acknowledgement of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_, acknowledge and agree that I have reviewed a copy of Alpenglow Acupuncture's Notice of Privacy Practices made available to me. I acknowledge that I may request a copy of the notice at any time.

X \_\_\_\_\_ Date