**Dancing Turtle Acupuncture & Healing Arts**

**500 South 336th St – Suite 212**

**Federal Way, WA 98003**

**Phone: (253) 237-4090**

**Fax: (253) 563-9889**

Please fill out the information below if an insurance claim is to be filed.

**Do you currently have a PIP (Personal Injury Protection) or LNI claim open? Y N**

If circled yes for PIP, please ask the front desk for additional paperwork.

LNI DOES NOT COVER ACUPUNCTURE IN THE STATE OF WA. ALL LNI CLAIMS WILL BE CONSIDERED PATIENT RESPONSIBILITY.

**PRIMARY**

Policy/Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insured’s ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(including prefix)

 Name of **Primary** Insured, if other than patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth of Primary Insurance Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Pay amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ins. Co. Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ins. Co. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WE ARE NOT ACCEPTING SECONDARY INSURANCE AT THIS TIME. THANK YOU FOR YOUR UNDERSTANDING.**

**AUTHORIZATION OF RELEASE**

I hereby authorize the release of any information acquired in the course of my examination & treatment to my insurance company.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_