HEALING JOURNEY
ACUPUNCTURE AND WELLNESS

Megan Conover, M.Ac., L.Ac.
860 E Swedesford Rd, Ste 200 Wayne, PA 19087
Phone: 610-996-3740 **Fax:** 1-877-377-0020

Insurance and Billing Information

Name of Patient: _____ **DOB:** _____ /_____ /_____

Name of Insured: _____ **DOB:** _____ /_____ /_____

Name of Insurance Co.: _____ **Ins. Co. Phone:** _____

☐ *Only Ins.* ☐ *Primary Ins.* ☐ *Secondary Ins*.

ID#:_____ **Policy/Group#:** _____

Financial Responsibility Agreement

I understand and agree that I am financially responsible for all charges incurred at this office, including my insurance deductible, co-payment, and any services not covered by my insurance company. I agree to be billed directly for any dates of service not covered by my insurance company. I understand and agree that it is my responsibility to know what acupuncture benefits are provided by my insurance, including co-pay/co-insurance amounts and any limits regarding my acupuncture coverage.

Signature (Patient/Guarantor/Guardian) **Date**

Release of Information for Insurance/Permission to Bill

I authorize this office to bill my insurance, and to release any information that is required or necessary for my claim to any relevant insurance company, adjuster or attorney.

Signature (Patient/Parent/Guardian) **Date**