

# ACUPUNCTURE AND CHINESE MEDICINE CENTER

Edina Professional Building, Suite 308 • 7250 France Avenue South • Edina MN 55435  
Phone: (952) 820-0877

## Personal Automobile / Worker's Comp Insurance Information

Client Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ (circle one) h/b/c Phone: \_\_\_\_\_

Client's Insurance Co. Name: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Co. Phone: \_\_\_\_\_ Adjuster Name: \_\_\_\_\_

Claim #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Physician Referral Name: \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby authorize Acupuncture and Chinese Medicine Center to release requested medical information to my insurance company to collect payment for any charges incurred.

I hereby request that my insurance company send payments directly to Acupuncture and Chinese Medicine Center on my behalf for any services provided to me. I understand that I am responsible for knowing the details of my policy and am financially responsible for all charges related to service(s) rendered to my dependent or myself. If, for any reason, my insurance carrier does not pay any portion of my bill, I agree to pay my portion promptly.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_