



# Alpenglow Acupuncture, LLC

[www.myalpenglow.com](http://www.myalpenglow.com)

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 Deductible? Y N

Deductible \$ \_\_\_\_\_

Remaining \$ \_\_\_\_\_

Out of Pocket \$ \_\_\_\_\_

Remaining \$ \_\_\_\_\_

Ask for a reference number: \_\_\_\_\_

	Office visit	Acupuncture
Co-Pay or %		
Approved a Year		
Remaining		

Secondary Insurance \_\_\_\_\_ Insured Name \_\_\_\_\_ DOB \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Relationship: Self Spouse Parent

Calendar Year Plan or Plan Date \_\_\_\_\_ Subject to Deductible? Y N

Deductible \$ \_\_\_\_\_

Remaining \$ \_\_\_\_\_

Out of Pocket \$ \_\_\_\_\_

Remaining \$ \_\_\_\_\_

	Office visit	Acupuncture
Co-Pay or %		
Approved a Year		
Remaining		

Ask for a reference number: \_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_