

Acupuncture Health Insurance Claim Form

1. PATIENT' S OR AUTHORIZED PERSON' S SIGNATURE

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to *Eric Serejski, L.Ac.*

Signed: _____ Date: _____

2. Insured' s or Authorized Person' s Signature

I authorize payment of medical benefits to Eric Serejski, L.Ac. for services provided.

Signed: _____ Date: _____