Willow Health & Wellness Center
3090 Belgium Road
Baldwinsville, NY 13027

Gail Mead, MS, LAc
(315) 398-4708
www.gailmeadlac.com

Mead Acupuncture
Insurance Billing Authorization

Demographic Information

Patient Name: _____ DOB:_____

Name of Individual who carries the policy: _____ DOB:_____

Insured's relationship to patient: ☐self ☐ spouse ☐ parent

Address and phone number of Insured if different from patient: _____

_____

_____

Financial Acknowledgement

- I acknowledge that a copy of my current insurance card has been provided to Gail Mead, MS, LAc.
- I authorize the release of any medical or other information necessary to process my insurance claims. I also request payment of medical benefits paid to Gail Mead, MS, LAc for acupuncture treatments that I receive.
- I understand that if my insurance company does not authorize and pay for treatment, I am responsible for payment of any treatment I receive.

_____ _____ _____

Print Name Signature Date

NY State License # 004804
NPI #1083968234