



MEDICAL ARTS
ACUPUNCTURE
and Oriental Medicine

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INSURANCE COVERAGE VERIFICATION FORM

Please fill out this form if you would like us to verify your insurance coverage for acupuncture treatments with Tomoya Akashi, L.Ac. Please allow 24 to 48 hours for verification.

Patient Name: _____ Date of Birth: _____

Address: _____

Primary Policy Holder Name (if different): _____

Relationship: _____ Date of Birth: _____

Referring Physician: _____ General Complaint: _____

Please attach a copy of your insurance card below or on a separate sheet of paper.

Insurance card
(front)

Insurance card
(back)

Please either drop off the form at the office or email it to tomoyaclinic@earthlink.net.
Thank you.