



# Stefanie Rothert LAc.

Acupuncture for Balance & Transformation

5400 Ward Rd. Bldg. 2 Suite G-105

Arvada, CO

80002

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303 880 9339

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## Insurance Form

Patient Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Co. Phone Number: \_\_\_\_\_

ID: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

If in any event the named Insurance Provider does not pay for the treatments I receive from Stefanie Rothert L.M.T , LAc. I agree to pay the minimum fee of 75.00 per Acupuncture or 75.00 per Massage Therapy session within 60 days of denial of payment of fees. Stefanie Rothert agrees to make a reasonable attempt to retrieve the fees for services rendered as outlined in the Patient's Provider Plan.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date