

## Notice and Authorization for Insurance Billing

I, \_\_\_\_\_ (print name), do hereby give full permission and authorize Northern Anesthesia and Pain Medicine, LLC, to bill my insurance for services rendered by Dr. Katrina White, L.Ac. I also agree to have any checks or payment made by said insurance company to be payable and deliverable to:

Northern Anesthesia and Pain Medicine, LLC  
10928 Eagle River Rd., #240  
Eagle River, AK 99577

As a courtesy, my insurance will be billed directly by Northern Anesthesia and Pain Medicine, LLC. When possible, Northern Anesthesia and Pain Medicine, LLC will call my insurance to verify my benefits, although benefits quoted by my insurance company are not a guarantee of payment. I am responsible for knowing the benefits my insurance policy covers. Payments will be due at the time of service for any non-covered services, deductibles or co-pays.

I understand if I do not have insurance coverage, I will receive a 'payment at the time of service discount.' If I do have insurance that covers acupuncture treatment or other modalities, Northern Anesthesia and Pain Medicine, LLC will bill my insurance for me at the full insurance fee rate. **I understand a full fee rate for services rendered is available upon request. I will be required to pay my insurance policies stated copay or coinsurance fee if required by my insurance, and/or the difference of the full insurance reimbursement and cash based fees.**

I understand the aforementioned office fees, insurance and billing policy. If my insurance is billed by this office, my billing statement will show "signature on file."

### Please check one of the following:

\_\_\_\_\_ I authorize Northern Anesthesia and Pain Medicine, LLC to bill my insurance.

\_\_\_\_\_ I choose not to have my insurance billed for me and will pay cash or credit card for my treatments at the time of service.

*Dr. Katrina White, DTCM, Dipl. Ac. (NCCAOM), L.Ac.*  
*907-622-7246/whitek@alaskanapm.com/www.alaskanapm.com*

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date