



## Advanced Healing Arts

3600 Lake Otis Parkway suite 205 -Anchorage, AK. 99508 - Ph(907)441-6075  
Fax(844)440-5507

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

Middle Initial:\_\_\_\_\_

Address:\_\_\_\_\_ City/State/Zip:\_\_\_\_\_

\_\_\_\_\_ Email:\_\_\_\_\_

HomePhone:(\_\_\_\_)\_\_\_\_\_ Work:(\_\_\_\_)\_\_\_\_\_ Cell:(\_\_\_\_)\_\_\_\_\_

SS#:\_\_\_\_\_ D.O.B:\_\_\_\_\_ Sex: \_\_M \_\_F

Employer:\_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Claims Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Claim # \_\_\_\_\_ Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Referring Physician: \_\_\_\_\_ **DiagnosisCode(s)** \_\_\_\_\_

Physician Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

**Are you seeing other Physicians for your condition? Y N**

If yes, please provide information:

Dr. Name \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the release of any medical or other information necessary to process claims for payment. Advanced Healing Arts does not suggest or guarantee payment by filing claims on my behalf for Insurances purposes. I understand that my insurance is an agreement between the insurance company and myself. I further understand that I will be accountable for any unpaid balances along with cost accrued due to collections, attorney fees and/or court costs.

Patient'sSignature:\_\_\_\_\_ Date:\_\_\_\_\_