

If you are considering acupuncture and would like insurance verification prior your initial visit, please complete the form below and email it to anna@earthandskyoasis.com. We will get back to you within 2 business days.

Insurance Company name:

Insurance Co. phone number:

Policy holder's First and Last Name:

ID listed on card:

Policy holder's Date of Birth (mm/dd/yy):

Patient Name:

Relationship to policy holder (same or spouse):

Your Email Address:

Your Daytime Phone:

*As an alternative, you can photocopy your benefits card front and back and hand write your name, date of birth, and daytime phone number and email it to anna@earthandskyoasis.com.