



Jova Acupuncture LLC
32 Washington Street Suite 2B1
Tenafly NJ 07670
P: 201-627-8300
F: 201- 627-8301

INSURANCE RELEASE FORM

I hereby authorize my insurance company, including private medical insurance and any other health plan to pay benefits to which I am entitled for services by James Mezzapelli, L.Ac. This will remain in effect until revoked by me in writing. I understand that I am responsible for all charges whether or not they are paid by said insurance. I authorize the use of this signature on all insurance submissions. I authorize, James Mezzapelli L.Ac, to release any information to secure payment of benefits or to initiate a complaint to the Insurance Commissioner or my health care provider for any reason on my behalf. I also authorize the release of medical records and other pertinent information to my referring physician or any other medical personnel involved with the prescribed treatment initiated on this date.

I, _____, have read and fully understand the above policy.

Signature of Patient or Parent (if minor) _____

Date _____