



Application Addendum Physician Practicing Acupuncture

B1. Acupuncture Addendum

First Name Last Name M. I.

1. Do you have a separate license for the practice of acupuncture? Yes No If yes, please complete the following, and skip to question 3.

Acupuncture License # State Date Issued Acupuncture College State/Country Grad Date

2. Do you currently meet all requirements of Medical Doctors for certification to treat patients utilizing acupuncture techniques? Yes No If yes, please provide details of your training below (attach additional sheets if necessary).

Acupuncture Program Completed

Acupuncture Program Completed

3. Do you always explain to patients, prior to their initial treatment, that they must see a separate, licensed physician should they seek any care other than acupuncture? Yes No If yes, do you document this in your patient chart? Yes No

4. Do you provide any health care diagnostic or treatment services to your acupuncture patients other than acupuncture, acupuncture herbs, acupuncture cupping or indirect moxibustion? Yes No If yes, please provide details below (attach additional sheets if necessary).

5. Do you maintain a separate professional liability policy in connection with your license to practice Medicine? Yes No If yes, please provide details below:

Name of Malpractice Insurance Carrier Policy Expiration

B2. Signature

PROPER LICENSING: I hereby declare that I hold a current license to practice Medicine, and have completed such additional training and/or certification as may be legally required to enable me to treat patients utilizing acupuncture techniques.

ACUPUNCTURE COVERAGE ONLY: I understand and acknowledge that I am not seeking coverage for the practice of Medicine. Instead I am seeking coverage only for American Acupuncture Council, specifically, acupuncture needling, the use of acupuncture herbs, acupuncture cupping, and indirect moxibustion performed during the practice of acupuncture. I understand that the Policy I am applying for does not cover the practice of Medicine, and that the premium paid for this Policy could not and does not provide adequate payment to cover the cost of professional liability insurance for the practice of Medicine. As such, I understand that this Policy excludes, for example, claims arising from: a) The failure to diagnose or treat any condition, b) The failure to refer a patient to another health care provider for treatment of any condition, and c) The failure to exercise professional standards of care in the treatment or diagnosis of a patient while utilizing any modality of treatment other than those Acupuncture Services enumerated above.

NO FALSE STATEMENTS: I hereby declare that the above statements are true and that I have not suppressed or misstated any facts and I agree that this declaration shall be a basis of the contract and form a part of my malpractice insurance policy. I understand that untrue statements could void my insurance policy.

Sign here: Date: