



The purpose of this correspondence is to clarify final additional detail required to complete your addendum. Please review the following. If this meets with your approval, please sign where indicated, and return this to us **as soon as possible.**

**Application for Malpractice Insurance
Supplemental Clarification**

Supplemental Clarification

I understand that if I provide cosmetic acupuncture to my patients I must have each patient sign the Consent for Cosmetic Acupuncture Procedure and have attended the Mei Zen Cosmetic Acupuncture Seminar before rendering services or I will not be covered for cosmetic acupuncture for that patient.

I have read and agree with the above

Applicant Signature

You may fax this addendum to us at 716-633-7141, or you may mail it to the address below. If you have any questions, please feel free to call us at 1-800-728-6362.

Sincerely,

Account Manager