

# Jane's Bridge Endorsement Application

Bridging the Gap between Allopathic and Alternative Healthcare

Practice Name:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Contact Person:		Position:	
How many practitioners at this location?		How many locations for this Practice?	
Do you accept insurances?	No	Yes	If yes, please complete Insurance Questionnaire below.
Are you required to be supervised by a medical practitioner?	No	Yes	If yes, please provide the:
Doctor's name:		Phone number:	

Please list all full and part-time practitioners at this location (attach list with application if more space is needed).

Full Name of Practitioner	Modality

To achieve Endorsement by Jane's Bridge as a Group Practice and qualify for group rates the following criteria must be met:

The practice is comprised of a minimum of two practitioners. All practitioners in the Group, regardless of modality, must meet all Practitioner Qualifications (no exceptions). All practitioners in the Group must work at the same location. All treatments must be performed at that location unless special equipment is needed (i.e. pool for water therapy) or home visits are required. Additional office locations for same Group Practice must apply and qualify separately.

Please include the following information for each full or part-time practitioner.

- Copies of education certification(s)
- List of prior two years (verifiable) experience
- Copies of licenses (if required)
- Description of experience and rate of success with specific injuries or illnesses
- Three client references (please include contact information)
- Description of focus area or specialty

## INSURANCE QUESTIONNAIRE

This information will be provided to the medical community to assist with their choices of practitioners for patient referrals.

What types of insurance do you accept (check all that apply):

Automobile Insurance       Medicare       Worker's Compensation Insurance

Private Health Insurance       Medicaid       Other

Please list specific insurance companies for whom you are an accepted provider: \_\_\_\_\_