



**BOARD OF NATURAL MEDICINE DOCTORS & PRACTITIONERS -
NORTH AMERICA (BNMDP-NA)
NATURAL MEDICINE CERTIFICATION COUNCIL (NMCC)
EXAMINING BOARD OF NATURAL MEDICINE PRACTITIONERS-NORTH AMERICA (EBNMP-NA)**
Affiliated with the American Naturopathic Association (Traditional Naturopathic group since 1902) in North America

Declaration of Naturotherapy Services

Address: _____

Policy Number _____

Health Concern/s: _____

Treatment Modalities:

Consultation

Manual Therapies: ~ All therapies that involve soft and hard tissue manipulation.

Nutrition/Botanical Modalities: - Food/diets, herbs and/or food supplements.

Eastern Modalities: Including auricular therapy, meridian therapy for pain and stress management.

Homeopathic Preparations: ~ Combination homeopathic preparations.

Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Total Amount of Payment: _____ (Including tax if Applicable)

Name of Doctor/Practitioner: _____

Address: _____

City: _____ **Province:** _____ **Postal code:** _____ **Phone number:** _____

Registration # _____

I hereby grant to the Doctor/Practitioner mentioned above, the benefits which are payable to me.

Date: _____ Signature of Insured: _____

Name of Insurance Company: _____

Insurance Policy Number: _____

Signature of Doctor/Practitioner: _____ Date: _____

NOTE: Use of this form by non-registrant of Board of Natural Medicine Doctors & Practitioners-North America, Natural Medicine Certification Council (NMCC), the Examining Board of Natural Medicine Practitioners-North America and the Board of Integrative Medicine, is prohibited. Insurance Companies are advised to verify practitioner's status by contacting BNMDP-NA/NMCC