



Application Addendum

NADA Detox Specialist Practicing Auricular Acupuncture

(Coverage Limits: \$1,000,000/\$3,000,000 - \$350 Annually or \$91 Quarterly)

B1. Auricular Acupuncture Addendum

- 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. Please provide details regarding the qualified medical professional (must be either a Medical Doctor, or when permitted by applicable state law, a licensed acupuncturist certified in auricular acupuncture) who will be directly supervising you when perform auricular acupuncture.

Supervisor Name License(M.D./L.Ac.) Clinic Name

- 3. Have you received certification from the National Acupuncture Detoxification Association for the practice of auricular acupuncture? Yes No If yes, please complete the following.

Date Certified State Training Program Attended City/State Completed

- 4. Have you met all other training requirements, if any, of your state for the practice of auricular acupuncture? Yes No N/A - There are no other requirements. If yes, provide details of your training below:

Description of Acupuncture Program / Completion Date

- 5. Do you provide treatment services to your acupuncture patients other than auricular acupuncture? Yes No If yes, please provide details below (attach additional sheets if necessary).

B2. Signature

PROPER LICENSING: I hereby declare that I have been certified by the National Acupuncture Detoxification Association for the practice of auricular acupuncture, and have completed such additional training and/or certification as may be legally required to enable me to treat patients utilizing auricular acupuncture. I further declare that unless I hold a separate license to practice acupuncture, I will not provide auricular acupuncture unless under the direct supervision of a qualified medical professional (either a Medical Doctor, or when permitted by applicable state law, a licensed acupuncturist certified in auricular acupuncture).

AURICULAR ACUPUNCTURE COVERAGE ONLY: I understand and acknowledge that I am not seeking coverage for the practice of acupuncture. Instead I am seeking coverage only for auricular acupuncture, specifically the shallow placement of acupuncture needles in acupuncture points in the skin of the outer ear. I understand that the Policy I am applying for does not cover the practice of acupuncture, 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 acupuncture. 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 auricular acupuncture as 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.

Print Name Here: _____

Sign here: _____ Date: _____