



Insurance Verification Form

Please call your insurance company and complete this form by asking the following questions.

Patient name _____

Date of call: _____ Time: _____ Spoke to: _____

Insurance Co: _____ Phone #: _____

Insured: _____ Relation to Patient: _____

Policy #: _____ Group #: _____

1. Is acupuncture by a *licensed acupuncturist* covered on this plan?
Yes / No
2. Does your plan only cover acupuncture by a *physician*? Yes / No
3. Is a referral required from my primary care physician? Yes / No
4. Is pre-authorization required? Yes / No
5. Am I limited to specific diagnosis codes? Yes / No
(If yes, does one of these codes apply to your illness? Yes / No)
(If no, stop here)
6. Is there a deductible? Yes / No
If yes, what is the deductible? \$ _____
How much has been met? \$ _____
7. Is there a maximum yearly benefit for Acupuncture? Yes / No
Is that per calendar year / fiscal year / renewal date?
_____ # of visits per year. _____ # of visits used year to date.
\$ _____ of acupuncture care per year. \$ _____ used year to date.
8. What percentage is covered? _____ %
9. Is there a co-payment or leftover percentage that I am responsible for?
Yes / No If yes, what is it? \$ _____
10. Does my plan cover herbal prescriptions? Yes / No
11. Are benefits for other forms of alternative health care
(Chiropractic, Massage, Naturopathic) taken from the same pool as
Acupuncture? Yes / No

Claims Address: _____ City: _____

State: _____ Zip: _____

Please note, benefits stated by a representative cannot be guaranteed.

Confidential record: information obtained here will not be released except when you have authorized us to do so.