

YU'S ACUPUNCTURE & HERB CENTER

Verification of Insurance Coverage for Acupuncture

Patient's name _____ Patient's date of birth ____/____/____

Name of subscriber (if different from patient) _____

Subscriber's date of birth ____/____/____ Relationship to Subscriber _____

Full name of insurance company? _____

Policy (ID) number? _____

Name of insurance plan? _____

Group number? _____ Effective date ____/____/____

Phone Number of Customer Service: _____

Name of insurance representative: _____

Date you called: ____/____/____

CALL INSURANCE COMPANY AND ASK THE FOLLOWING QUESTIONS:

1. Does the policy cover acupuncture? **Yes / No**
2. Is **preauthorization / referral** required for acupuncture treatment? **Yes / No**

If so, what are their special phone numbers or departments to call?

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3. Is there a Maximum payment per treatment OR do you pay a Percentage (Insurance companies usually pay either a *Maximum* or a *Percentage* of the treatment.)?

a.) If a maximum per treatment, what amount? \$ _____

b.) If a percentage is paid, how much is it? _____ %

c.) Does the percentage change? Yes / No

4. Does Acupuncture subject to deductible? Yes / No

What is the deductible amount? \$ _____. What is the amount for out of pocket? \$ _____.

How much of the deductible has been paid? \$ _____ (Remainder is \$ _____)

5. Are there any limits to the coverage? Yes / No

6. Is there a limit to the number of visits allowable? Yes / No

If so, what are they? _____ visits / per year / per diagnosis / other _____

7. Are there any other limits? _____