

# YU'S ACUPUNCTURE & HERB CENTER

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## 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? \_\_\_\_\_
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