

## INSURANCE VERIFICATION

**Please call your insurance carrier prior to your appointment and ask the questions below so that you are aware of your benefit levels. Please bring this form to your appointment with you.**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Phone \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Claims Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policyholder Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Call date \_\_\_\_\_ Representative \_\_\_\_\_ Call reference # \_\_\_\_\_

Acupuncture coverage: Yes  No  Effective date \_\_\_\_\_

Any Pre-existing Conditions: Yes  No  If yes, specify \_\_\_\_\_

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### Participating insurance plans:

To verify participating provider status provide Tax ID # \_\_\_\_\_

In network benefits: Copay \_\_\_\_\_ Co-insurance % \_\_\_\_\_ Deductible \_\_\_\_\_ Met? Yes  No

# visits per year \_\_\_\_\_ How many used \_\_\_\_\_

**Procedure codes** (specifically ask the representative if the codes below are covered under your plan if provided by an Acupuncturist).

• **Office Visits**

99203, 99204 (new patient)

99213, 99214 (established patient)

• **Acupuncture Procedures**

97810, 97811

97813, 97814

• **Other Treatments**

97026 Infrared

97039/97799 Cupping/Moxibustion/Gua sha

97140 Myofascial/Tuina,/Acupressure

Pre-authorization or referrals required for any acupuncture procedures? Yes  No

Referring provider \_\_\_\_\_ Phone \_\_\_\_\_

Are there any limitations on services? \_\_\_\_\_

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### For non-participating insurance plans:

Out of network benefits: Copay \_\_\_\_\_ Co-insurance % \_\_\_\_\_ Deductible \_\_\_\_\_ Met? Yes  No

# visits per year \_\_\_\_\_ How many used \_\_\_\_\_

**Procedure codes** (specifically ask the representative if the codes below are covered under your plan if provided by an Acupuncturist).

• **Office Visits**

99201--204 (new patient)

99211--214 (established patient)

• **Acupuncture Procedures**

97810, 97811

97813, 97814

• **Other Treatments**

97026 Infrared

97039/97799 Cupping/Moxibustion/Gua sha

97140 Myofascial/Tuina,/Acupressure

Pre-authorization or referrals required for any acupuncture procedures? Yes  No

Referring provider \_\_\_\_\_ Phone \_\_\_\_\_

Are there any limitations on services? \_\_\_\_\_