

Verification of Acupuncture Coverage

*As a courtesy to our patients, we submit all claims to insurance companies. Because the insurance policy is an agreement between the patient and the insurance company, we ask that each of our patients have an understanding of their plan and acupuncture coverage. We ask that you please be in contact with you insurance company **prior** to beginning acupuncture treatment. Below is an outline of questions that we recommend our patients to ask their insurance company to avoid any unexpected costs. **Please bring this completed form with you to your first appointment.***

Patient's Name: _____ DOB: _____

SSN #: _____ Ins. ID #: _____

Name of Insurance Company: _____ Date & Time of Call: _____

Name & ID # of agent you spoke with: _____

1. Does the plan cover acupuncture?
2. Percent and/or Amount of treatment covered for in-network provider: _____ out-of-network provider: _____
3. How much is the individual deductible? In-network: _____ Out-of-network: _____ Does it apply to acupuncture?
4. How much of the deductible has been met? In-network: _____ Out-of-network: _____
5. Are office visits/consultations covered? If yes, at what percent: _____ %
What will the co-pay for the office visit be? \$ _____.
6. Is there an annual maximum for acupuncture?
7. How much of this maximum has been met so far?
8. Is this maximum allowance combine with any other services?
9. If yes, what other type of services (ie. Chiropractor etc)?
10. How many of these other services have been used this year?
11. Diagnoses covered:

Other Notes:

I have spoken with my insurance company and understand that my insurance policy is an agreement between the insurance company and myself. I understand that TCR Acupuncture is willing to help resolve discrepancies regarding coverage and unpaid claims, however, payment will become my responsibility in the incident that a treatment is not covered by my insurance company.

Signature: _____ Date: _____

Printed Name: _____