



Insurance Coverage Verification (Acupuncture & Chinese Herbal Medicine)

To verify insurance coverage, call your carrier requesting coverage verification for in-patient/out-patient benefits for a provider/doctor. The following questions should provide you a good idea of what to expect.

CONTACT INFO

Date of Verification:	Patient's Name:
Time of Call:	Insured's Name:
Person Making This Call:	Insurance Company's Name:
Spoke with/Verified by:	Claim #:
Their Title:	Policy/Plan/Group #:
Address of Claim Office for Acupuncture Billing:	Insurance Company's Address:
Send to The Attention of:	Phone #:
Dept:	Phone Hours:

INSURANCE PLAN INFO

COVERAGE

Does this patient's policy cover acupuncture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Is a physician referral required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Is there a deductible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much is it?
Has it been met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When is another deductible due?
Is a portion covered under Major Medical Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage?
Is a portion covered under Basic Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage?
What are the benefits for out-patient/office clinic?		Note:
Is there a yearly maximum on acupuncture coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
If so, has any been used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?
Is there a lifetime maximum on acupuncture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Do you pay for herbal therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Do you pay for acupressure/physiotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Do you pay for acupuncture based on time increments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Do you pay for vitamins/minerals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Do you honor Assignment of Payments letters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Which codes do you base your fees on?	<input type="checkbox"/> CPT <input type="checkbox"/> RVS	Note:
Do you require reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how often?
Do you pay for acupuncture by an L.Ac. (Licensed Acupuncturist)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:

IF PATIENT IS A MINOR

Until what age is a patient eligible?		Note:
Do they need to be a full time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Do you need verification of student status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Note: