



## Phone Verification of Insurance Coverage Form

Patient's Name \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_  
Name of Insurance Co. \_\_\_\_\_  
ID # \_\_\_\_\_ Group # \_\_\_\_\_

When calling your insurance company, say that you want to verify coverage for acupuncture benefits and ask the following questions:

1. Does my policy cover acupuncture?                      Yes          No
2. Is there a deductible?          Yes          No          How much is it? \_\_\_\_\_
3. Has it been met?                  Yes          No          When is another deductible due? \_\_\_\_\_
4. Does the deductible need to be met before acupuncture will be covered?
5. Is there a yearly maximum on acupuncture coverage?    Yes          No
6. If so, has any been used?    Yes          No          How much? \_\_\_\_\_
7. Is there a lifetime maximum on acupuncture?                      Yes          No
8. If so, has any been used?    Yes          No          How much? \_\_\_\_\_
9. Is there a co-pay?                  Yes          No          How much? \_\_\_\_\_
10. Is there co-insurance?    Yes          No          How much? \_\_\_\_\_

Do you pay for acupuncture by an M.D. or Licensed Acupuncturist?

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Address of claim office for acupuncture billing \_\_\_\_\_

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