

PHONE VERIFICATION OF INSURANCE COVERAGE FOR ACUPUNCTURE

Date of call _____ Time of call _____ Person making this call _____

Patient's name _____ Insured's name _____

Name of Insurance Co. _____ Claim # _____ Group # _____

Insurance Co. address _____ Phone # _____

CALL INSURANCE COMPANY and say that you want to verify coverage for in-patient/out-patient benefits for a provider/doctor.

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. Is a portion covered under Major Medical Benefits? Yes No What percentage? _____
5. Is a portion covered under Basic Benefits? Yes No What percentage? _____
6. What are the benefits for out-patient/office or clinic? _____
7. Is there a yearly maximum on Acupuncture coverage? Yes No
8. If so, has any been used? Yes No How much? _____
9. Is there a lifetime maximum on Acupuncture? Yes No
10. If so, has any been used? Yes No How much? _____
11. Do you pay for Herbal Therapy? Yes No
12. Do you pay for Acupressure/Physical Therapy? Yes No
13. Do you pay for Acupuncture? Yes No
14. Do you pay for Vitamins and Minerals? Yes No
15. Until what age is a patient eligible? (If under 20) _____
 - A. Do they need to be a full time student? Yes No
 - B. Do you need verification of student status? Yes No
16. Do you honor Assignment of Payments? Yes No
17. Which codes do you base your fees on? CPT RVS

Address of claim office for Acupuncture _____

To attention of: (Name of person) _____ Dept. _____

Name of person you spoke with: _____ Title _____

NOTES: