

*Ageless Acupuncture*  
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## Insurance Verification Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Ins., Phone #: \_\_\_\_\_  
Date of call: \_\_\_\_\_ Spoke to: \_\_\_\_\_  
Insured: \_\_\_\_\_ Relationship to the patient: \_\_\_\_\_  
Policy #/ID \_\_\_\_\_ Group #: \_\_\_\_\_

Please call your insurance company and complete the following form:

Questions:

1. Is Acupuncture covered by this plan? Yes/ No
2. Is a referral needed from my Primary Care Physician? Yes/ No
3. Is a pre-authorization required? Yes/ No
4. Is coverage limited to a specific diagnosis codes? Yes/ No
  - a. If yes, what are the specific codes/complaints?  
\_\_\_\_\_
5. Is there a deductible for Acupuncture? Yes/ No
  - a. If yes, what is it? \$ \_\_\_\_\_ How much has been met? \$ \_\_\_\_\_
6. Is there Co-pay? Yes/ No
  - a. If yes what is it? \$ \_\_\_\_\_
7. Is there a maximum yearly visits ? Yes/ No
8. Are the visits per Calendar Year/Fiscal Year/Renewal Date?
9. Are the visits shared with other health care (Chiropractor/Massage/Naturopathic)? Yes/ No
10. Number of visits used to date? \_\_\_\_\_
11. What percentage is covered? \_\_\_\_\_
12. Does the plan cover herbal prescriptions? Yes/ No

Payer ID: \_\_\_\_\_

Information provided by the representative regarding benefits cannot be 100% guaranteed.