



Insurance Verification

Important Note: Our office is set up for direct payment from insurance companies. It is important that you understand that insurance policies are an arrangement between you and your insurance company. You are personally responsible for all charges incurred in the office. Payment is expected in full when the services are rendered until your insurance coverage has been verified.

Instructions: Please read thru this form and have your insurance card in hand before calling your insurance company. Ask the insurance representative the below questions and fill out the sheet to determine if your insurance company will cover your acupuncture treatments. Please feel free to contact Petson Chan Acupuncture with any questions at 347-903-7059 or at info@petsonacupuncture.com. We look forward to working with you towards better health.

- Insurance company name: _____
- **Name** of insurance representative you spoke with: _____
- Date called: _____ Time called: _____
- Does my insurance policy cover acupuncture performed by a **licensed** acupuncturist?
 Yes No
- Is "Petson Chan Acupuncture" or "Petson Chan LAc" in my network? Yes No
- If **NO**, what are the "out of network acupuncture benefits" for my plan? _____

- Is my specific **"non-pain" issue:** _____ (ex. allergies, sleep apnea, etc.) covered for acupuncture? Yes No
- Is my specific _____ **pain** issue covered for acupuncture? Yes No
- Are these CPT (treatment) codes covered?
 - 99213? (Evaluation) Yes No
 - 97810? (Acupuncture) Yes No
 - 97140? (Manual Therapy) Yes No
 - What other CPT codes are covered? _____
- What is my annual acupuncture benefit limit? (dollars) \$ _____
- What is my annual acupuncture benefit limit? # of treatments covered _____
- What is my deductible? \$ _____
- Has my deductible been met? Yes No
- If **NO**, what is the amount remaining? \$ _____
- Is there a co-pay? Yes No If **YES**, how much? \$ _____
- Do I need to pay co-insurance? Yes No If **Yes**, what percentage of the acupuncture bill will I need to pay? _____%
- Do I need a referral from my primary care physician for acupuncture? Yes No
- My primary care physician's name: _____
- My primary care physician's phone: _____
- My primary care physician's address: _____

**** Please bring this filled out Insurance Verification form and your insurance card with you to your appointment ****