ABUNDANT HEALTH ACUPUNCTURE & HERBS
Diane L. Smalley, L.Ac.
750 Central
Willits, CA 95490
707.456.9514
California License AC 2644

VERIFICATION OF INSURANCE COVERAGE FOR ACUPUNCTURE

This form MUST be filled out COMPLETELY and returned to us before we can bill your insurance company for our services. Until then, full payment will be required at the time of service. For most health insurance, there will be a percentage of charges not covered for which payment will be required at the time of service. BRING this completed verification form to the office.
Please NOTIFY US when your insurance coverage or employment changes.

Patient's name ______________________________ Date of injury/onset _____________

Type of injury/pain _________________________________ Is it due to work? ________

If the insured person is other than the patient, please fill in the following information:

Name of insured person if different from patient _________________________________

Patient/Insured's employer's name ____

Insured's address ____

street city state zip

Insured's date of birth _________________________ Home phone __________________

Relationship to insured ____________________________________
Type of insurance: (circle) Group health through employer / Auto medical pay / Work Comp / HMO / other:

Is there more than one policy that covers the patient? Yes / No
If so, what is that company?

PLEASE READ AND SIGN BELOW (This is wording from the insurance form)
Authorization to release information: I authorize the release of any medical or other information necessary to process this claim. A photostat of this authorization shall be as valid as the original.

Patient's or guardian's signature ________________________________ Date __________

Assignment of insurance benefits: I authorize payment of medical benefits directly to Diane L. Smalley, L. Ac. for the services described on the attached insurance claim. A photostat of this authorization shall be as valid as the original.

Patient's or guardian's signature ________________________________ Date __________

CALL YOUR INSURANCE COMPANY AND ASK THEM THE FOLLOWING QUESTIONS:

(You may find some of this information on your card.) (Red items are essential.)

Date called ________________ Phone # ____

1. Name of person who gave information? ____

Does my policy cover acupuncture? (circle) Yes No

If not, stop here.

If yes, continue:

2. Full name of insurance company? ____

Name of insurance plan? ____

Mailing address for claims? ____

street or P.O. Box

____

city state zip Attn:

Policy Number? ______________________________ Group Number? _________________________________

(Auto accident)Claim Number? _________________________________ Other? _________________________

What is the effective date of my policy? _____________________________

3. Is authorization required prior to treatment? (circle) Yes No

If so, what are their special phone numbers or departments to call? ___________________________

____

Name and number of person in charge of my claims (if applicable, e.g., attorney in cases of auto accident)?

____

Are there any reports required from the acupuncturist and how often? _________________________

4. **(Insurance companies usually pay either a *Maximum* or a *Percentage* of the treatment.)**

Is there a Maximum payment per treatment **OR** do you pay a Percentage?

(circle) **Maximum** (see a. below) **Percentage** (see b. & c. below)

a.) If a **maximum** per treatment, what amount? $ ___________

b.) If a **percentage** is paid, how much is it? ___________ %

c.) Does the **percentage** change? (circle) Yes No

5. What is the deductible amount? $ ___________ Is that per year? $ ___________ **–OR–**

Per condition? $ ___________ **–OR–** Per family member? $ ____________

How much of the deductible has been paid? $ __________ (Remainder is $_____________)

6. Are there any limits to the coverage? (circle) Yes No

Is there a limit to the number of visits allowable? (circle) Yes No

If so, what are they? (circle) per year per diagnosis other ___________________

Are there any other limits? ____

7. Do you send payment directly to my acupuncturist with authorization? (circle) Yes No