

INSURANCE VERIFICATION FORM

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 & say that you want to verify coverage for in-patient/out-patient benefits for a provider/doctor

Acupuncture questions to ask:

1. Does this policy cover acupuncture? Yes No
2. Does this policy require pre-authorizations to use acupuncture benefits? Yes No
3. Are acupuncture benefits shared with chiropractic and/or naturopathic benefits? Yes No
4. What is the copay or coinsurance for acupuncture? _____
5. Is there a limit on visits per year? Yes No If so, how many visits per year: _____
6. How many visits have been used as of now? _____
7. Is there a deductible? Yes No How much is it? _____
8. Has it been met? Yes No If not, how much is left? _____
9. Is there a yearly maximum on acupuncture coverage? Yes No
10. If so, has any been used? Yes No How much? _____
11. Do you require an additional copay or coinsurance for exam codes? Yes No

Massage questions to ask:

1. Does this policy cover massage? Yes No
2. Does this policy require pre-authorizations to use massage benefits? Yes No
3. Are massage benefits shared with chiropractic and/or physical therapy? Yes No
4. What is the copay or coinsurance for massage? _____
5. Is there a limit on visits per year? Yes No If so, how many visits per year: _____
6. How many visits have been used as of now? _____
7. Is there a yearly maximum on massage coverage? Yes No How much? _____
8. If so, has any been used? Yes No How much? _____
9. Do you pay for massage codes (97124)? Yes No
10. Do you pay for physical therapy codes (97140)? Yes No
11. Do you pay for physical therapy codes (97112)? Yes No

Name of person you spoke with: _____ Title _____