



Twelve Rivers Medicine

Acupuncture • Herbal Medicine • Food Therapy • Nutrition

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INSURANCE VERIFICATION FORM

PLEASE CALL YOUR INSURANCE COMPANY AND COMPLETE THIS FORM BY ASKING THE FOLLOWING QUESTIONS:

Patient name: _____

Time and Date of Call: _____

Insurance Company: _____

Insurance Representative Spoken to: _____

1. Is Acupuncture covered on this plan? ☐ Yes ☐ No

2. Is referral required? ☐ Yes ☐ No If yes, who can make a referral? _____

3. Is pre-authorization required? ☐ Yes ☐ No

4. Am I limited to specific diagnosis codes? ☐ Yes ☐ No

Please note that insurance companies are tightening the diagnosis codes for which they will allow a patient to access their acupuncture benefit. Some allow only specific kinds of pain and denying otherwise. If you are seeking treatment for things other than physical pain, we will need to discuss how to access your benefit while honoring the insurance companies restrictions.

5. Are there any limitations for pre-existing conditions? ☐ Yes ☐ No

6. Is there a deductible? ☐ Yes ☐ No If yes, what is the deductible? \$_____

7. Is there a maximum yearly benefit for Acupuncture? ☐ Yes ☐ No

Is that per (please circle) Calendar Year Fiscal Year Renewal Date? _____

#_____ of visits (please circle) Per Year? Per Diagnosis? Per Incident?

#_____ of visits used year to date

\$_____ of Acupuncture care per year

\$_____ used year to date

8. What percentage is covered? _____%

9. Is there a co-payment or percentage that I am responsible for? ☐ Yes ☐ No If yes, what is it? \$_____

10. Are benefits from other forms of care (Chiropractic, Massage, Naturopathic) taken from the same pool as Acupuncture? ☐ Yes ☐ No

11. If my acupuncturist bills for manual modalities (massage or cupping) provided in the context of acupuncture treatment will these take away from my benefits for massage or physical therapy? ☐ Yes ☐ No

Please note, benefits stated by a representative cannot be guaranteed.