



Name of Insurance Provider: _____ Phone: (____)____-_____

Representative with whom you spoke: _____ Reference # for call: _____

1. Does my insurance cover acupuncture?

Yes No

By a provider of my choosing?

2. Is my acupuncture coverage limited to certain conditions or diagnosis?

Yes No

Which ones?

3. Is preauthorization required?

Yes No

4. Are there exclusions to my acupuncture benefits?

Yes No

What are they?

5. Are there exclusions to who may provide acupuncture?

Yes No

What are they?

6. Do I have a deductible that must be met before my insurance covers my treatment?

Yes No

How much is it?

How much have I met?

7. Do I have a co-payment?

Yes No

How much is it?

8. Do I have a co-insurance payment?

Yes No

How much is it?

9. Is there a limit to the number or dollar amount of acupuncture services I may receive?

Yes No

How many/much?

10. Does my benefit year follow the calendar year? (i.e. Jan 1-Dec 31)

Yes No

If not what's the start date?
