

Acupuncture Insurance Verification Checklist

Date & Time _____

Policy Benefits

Insurance Coverage: Yes _____ No _____

Network: In Network Only _____ Out of Network _____ (our networks listed below)

Plan Year: Calendar Year _____ Plan Year (starts other than January 1st) _____

Deductible Amount: _____ Deductible Remaining: _____

Co-pay: _____ Co-Insurance: _____

Out of Pocket Max: _____

Acupuncture Treatment Limitations

Number of Visits? _____ \$Cap/Visit? _____ \$Cap/Year? _____

Diagnosis Requirements? (limited to pain, nausea, etc) _____

Referral Required: Yes _____ No _____

Pre-Authorization Required? Yes _____ No _____ (If so, complete information below)

Pre-auth. Dept. Phone #: _____

Information needed to demonstrate medical necessity:

Are there any other limits or provisions on this policy that I have not inquired about?

Operator name or ID# _____

Call Reference # _____

**As of 01/01/2023, Dane County Family Acupuncture is in network with the following insurers: Dean SSM Health, VA Community Care Program, The Alliance, United & UMR, Aetna, Blue Cross Blue Shield and Anthem BCBS. Newly added providers may take up to 6 months to complete the contracting process.*