

Tips on becoming an expert regarding your acupuncture benefits from the experts at Acupuncture Northwest!

1. Call the customer service number on the back of your insurance card.

- Logging into your insurance company's website to find benefits, especially for a specialty, can create a very frustrating experience. It's best to call and talk with a human, trust me.

2. Ask the customer service specialist these questions:

What is my annual maximum for complimentary care/acupuncture services? Do I have a dollar maximum or a visit limit?

- Most plans have acupuncture grouped with naturopathy and chiropractic care. If you see a chiropractor or ND in addition to an acupuncturist, your visits with them will also be deducted from your maximum benefit.

How much money or how many visits do I have left?

- If you have an annual dollar maximum, this amount will be calculated from the total benefit minus what the insurance company pays to each provider. Depending on your insurance provider, \$500 = 6 visits, \$1000 = 12 visits \$2000 = 20 visits. ←These are an approximation, not exact visit limits.

Does my plan run on a calendar year?

- Some people have plans that renew in October. It is good to know when your benefits will max out/begin again.

3. If you are interested to know your deductible for the next year be sure to ask that too.

It is best to be informed about your insurance coverage so you can plan your healthcare accordingly and avoid unexpected bills. We at Acupuncture Northwest are more than happy to assist you with any and all insurance questions, after you contact your insurance company first.

ACUPUNCTURE NORTHWEST

PHONE: 503.493.9389

FAX: 503.493.9082

**SARAH HAYES LAC
STEPHANIE WORTH LAC
THE GOTHAM BUILDING
2256 N ALBINA AVE
PORTLAND, OR 97227**

INSURANCE VERIFICATION FORM

YOUR NAME _____

EFFECTIVE DATE _____

NAME OF INSURANCE _____

DO YOU NEED A REFERRAL? YES/NO

IF YES, NAME OF REFERRING PHYSICIAN IS

OF VISITS PER YEAR _____

OR

MAX \$ AMOUNT PER YEAR _____

DEDUCTIBLE AMOUNT _____

DEDUCTIBLE PAID TO DATE _____

CO-PAY _____

OR

% INSURANCE PAYS _____