

## Insurance Benefits Worksheet

You may use this worksheet to verify your acupuncture benefits yourself, or I will gladly do so for patients. There are many variables which determine your coverage; they are included below. Verify whom you spoke with and when, in case there is any question later about quoted benefits.

Patient name: \_\_\_\_\_ Patient date of birth: \_\_\_\_\_

Insured name (if different): \_\_\_\_\_ Insured DOB: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Subscriber ID #: \_\_\_\_\_

Group #: \_\_\_\_\_ Insurance Company phone #: \_\_\_\_\_

Spoke with: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Acupuncture benefits available? Y  N  If so, by Licensed Acupuncturist. ? Y  N

Is subscriber current with benefits? Y  N

Network Provider required? Y  N  Is Philip Kelley in network? Y  N

Referral required? Y  N  Rx by Physician only, or DC, ARNP, etc: \_\_\_\_\_

Covered/excluded conditions (diagnosis): \_\_\_\_\_

Annual deductible: \_\_\_\_\_ Has this been met? Y  N

Separate deductible for acupuncture/alternative services? Y  N

Annual limits (dollar amount/number of visits): \_\_\_\_\_

Annual limits combined w/ massage, Naturopathic medicine, chiropractic, etc? Y  N

Coinsurance/Copays? (dollar amount/percentage): \_\_\_\_\_

### If Related to an Auto Accident

Insurance company: \_\_\_\_\_ At-fault party: \_\_\_\_\_

Adjuster name: \_\_\_\_\_ Phone #: \_\_\_\_\_ ext \_\_\_\_\_

Date of accident: \_\_\_\_\_ In which state did the accident occur? \_\_\_\_\_

Claim Number: \_\_\_\_\_ Is claim still open? Y  N

Benefits remaining: \$ \_\_\_\_\_