PATIENT HEALTH INSURANCE VERIFICATION FORM *Complete if you plan on using your insurance for acupuncture treatments.*

Reference the following information when speaking with insurance representatives: Lumos Acupuncture LLC | Samantha Chin, DAHM, EAMP | NPI 1003352345 509 Olive Way, Suite 1358, Seattle, WA, 98101 (253) 237-2476

Patient Name:	D	OOB:		
Insurance Plan Name:	P	hone:		
Insurance Plan Name:	Group #:			
Effective Date of Insurance Plan:				
Date of Call: Representative you spo	ske with:			
Reference No. for Phone Call:	oke with			
		Ci	Circle One	
1. Is provider in-network?		Yes	No	
2. Does plan cover acupuncture (CPT codes 97810, 9		Yes	No	
3. Does plan cover manual therapy (CPT codes 9714	0, 97026)?	Yes	No	
4. Is there an additional copay for office visits				
(E&M code 99202, 99203, 99213, 99214)?		Yes	No	
4a. If yes, copay is				
5. Does plan require a referral? If yes, from whom? _		Yes	No	
6. Does plan require preauthorization for acupuncture			No	
7. Are benefits from other disciplines (Chiropractor,	Massage, Naturo	• /	3.7	
taken from the same pool as acupuncture?		Yes	No	
8. Is acupuncture benefit subject to deductible?				
	Met·			
Family deductible:	Met: Met:			
9. In-Network:				
Is there a copayment or % I am responsible for?		Yes	No	
If yes, Paid at: % (Copay:			
If yes, Paid at:% What is annual acupuncture limit (\$ Dollar amount at	nd # of visits)?	\$ /	#	
How many visits have been used this year to date?				
10. Are there Out-of-Network benefits for acupunctu		Yes	No	
If yes: Paid at:	Copay:			
		\$/	#	
How many visits have been used this year to date?				
11. Are there any exclusions or restrictions for acupu	incture?			
Patient Signature:	D	Oate:		