

Verifying Benefits Before Your Visit

Information You'll Need

1. Patient's name: _____
2. Date of Birth: _____
3. Policy number, group number, Patient's Social Security # (not necessary for you to list here; you will input this in the intake form with your consent form)
4. Name of Insured, their DOB, and Social Security # (this will also be input with your intake/consent forms)
5. Insurance Company name & phone #

Making the Call

1. Note the name of person speaking with, time, and date of conversation
Name of representative: _____
Time and date of conversation: _____
2. Question checklist

Acupuncture by Beth LLC

Beth Shirilla, L.Ac, TAX ID: 86-3824776 NPI: 1992451975

- Does this plan cover acupuncture? _____
- Is Beth Shirilla (Acupuncturist) In-Network? _____
- If Beth is Out-of-Network, what percentage of the claim is covered ? _____
- Where are claims sent?
Name of Company _____
Address _____
City, State Zip _____
- Do you need a doctor's referral? yes no
- What is your deductible and how much of it has been met?
Deductible \$ _____
Do I need to meet my deductible before insurance pays yes no
Amount of deductible met in current calendar year \$ _____
- What is my copay or coinsurance \$ _____
 - What is your calendar year? Begins in _____
 - How many visits do I get per calendar year? _____

Please bring this form with you to your appointment so that it can be scanned as part of your chart record. If you have not uploaded images of the front & back of your insurance card as part of your online intake paperwork, please bring your card and a photo ID to be scanned in as well.