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AcuMeridian Wellness, LLC
(732)858-1322

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Insurance Verification - please fill out completely

Our office is set up for direct payment from insurance companies. This is done as a service to you. It is important that you understand that insurance policies are an arrangement between you and your insurance company. You are personally responsible for all charges incurred in the office. Payment is expected in full when the services are rendered until your insurance coverage has been verified.

Name of person you spoke with at the insurance company _____

Date called _____ Time called _____

Does my insurance policy cover Acupuncture performed by a licensed acupuncturist?

YES NO

Is AcuMeridian Wellness or Carrie M. Koo L.Ac in my network? YES NO

If not, what are the "out of network acupuncture benefits" for my plan? _____

Is **my specific non-pain issue** = _____ covered for acupuncture? YES NO

Is my specific _____ pain issue covered for acupuncture? YES NO

Is this CPT (treatment) code covered?

99213? (Evaluation) YES NO

97810? (Acupuncture) YES NO

97140? (Manual Therapy) YES NO

What is my annual acupuncture benefit limit? (*dollars*) \$ _____

What is my annual acupuncture benefit limit? (*numbers*) # of treatments covered _____

What is my deductible? \$ _____

Has it been met? YES NO

If NO, what is the amount remaining? \$ _____

Is there a Co-pay? YES NO If yes, how much? \$ _____

If I need to pay Co-insurance, what percentage of what is billed will I need to pay? _____

Does acupuncture treatment have to be referred by my primary care physician? YES NO

Who is my primary care physician? _____ Phone: _____

****Please bring your insurance card with you to your appointment****