



Insurance Verification Form

Insurance Company Name:

Insurance Company Phone Number:

Policy Holder's First and Last Name:

ID number listed on the card:

Policy Holder's Date of Birth (mm/dd/yy):

Patient Name:

Relationship to Policy Holder (same or spouse):

Your Email Address:

Your Daytime Phone:

*As an alternative, you can email me a photocopy of the front and back of your insurance card, along with your name and date of birth.

A Note About Insurance:

Verification of insurance does not guarantee coverage of acupuncture benefits.

Description of benefits is not an authorization or guarantee of payments.

You are financially responsible for all services/treatments rendered when your insurance denies coverage.

Your insurance company may deny coverage for certain diagnosis or dates of service.

We advise that you become fully aware of your insurance benefits and stay proactive in communicating directly with your insurance company when this occurs.