



Date of Benefit Check: _____

Patient Name: _____ DOB: _____

Insurance Company: _____ Insurance Phone Number: _____

ID Number: _____ Group Number: _____

Does your insurance plan offer acupuncture benefits? Yes No

Are we in Network? (Check Alisha Wimberly, LAc **and** Amber Campana, LAc) Yes No

Questions	In-Network Benefits	Out-of-Network Benefits
Is there a Separate co-pay for new patient evaluation?	Yes No	Yes No
Are the Acupuncture Benefits Combined with:	Chiropractic Massage Naturopathic Physical Therapy	Chiropractic Massage Naturopathic Physical Therapy
Copay/Coinsurance Amount		
Subject to Deductible?	Yes No	Yes No
Deductible Amount	Ind: Fam:	Ind: Fam:
Amount of Deductible Met	Ind: Fam:	Ind: Fam:
Is it a Plan Year or Calendar Year Plan?		
Maximum # of Treatments or \$ Allowed:		
Number of Treatments or \$ Used as of today:		

Is a Prior Authorization Required? Yes No

Any notes on specific conditions covered (e.g. nausea due to chemo or pain conditions)? _____

Reference # for the phone call with representative: _____

74 E. 18th Ave, Suite 4 • Eugene, OR 97401

541.525.9580