



Date of Benefit Check: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Does patient have acupuncture benefits? Yes No

Are we in Network? (Check Alisha Wimberly, LAc and Annie Simpkins, LAc) Yes No

Questions	In-Network Benefits	Out-of-Network Benefits
Is there a separate co-pay for a 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?		
Max # of Treatments or \$ Allowed:		
Number of Treatments or \$ used as of today:		

Is a Prior Authorization Needed? Yes No

Any notes on specific conditions covered (e.g. nausea due to chemo or pain conditions or Low Back Pain only)? \_\_\_\_\_

Reference # for the phone call with representative: \_\_\_\_\_

74 E. 18<sup>th</sup> Ave, Suite 4 Eugene, OR 97401

541.525.9580