



**Insurance Benefit Check
for
Eugene Family Acupuncture Appointment**

Date of Benefit Check: _____

Patient Name: _____

Patient Date of Birth: _____

Are you the primary insurance card holder? Yes No

Name of primary insurance card holder (if not the patient):

DOB of primary insurance card holder: _____

Insurance Company: _____

Insurance Phone Number: _____

Member ID Number: _____

Group/Plan Number: _____

Does your plan have acupuncture benefits? Yes No

If yes:

	In Network	Out of Network
Are acupuncture benefits subject to deductible?		
Amount of deductible met so far?		
Out of pocket maximum?		
Out of pocket met so far?		
Co-pay/Co-insurance amount?		
Number of visits covered per year?		
Number of visits met so far this year?		
Is there a dollar limit for acupuncture benefits per year?		
Dollar amount for acupuncture benefits used this year?		



**Insurance Benefit Check
for
Eugene Family Acupuncture Appointment**

Is there a *separate* co-pay for new patient evaluation? Yes No

Are acupuncture benefits combined with chiropractic or other medical benefits? Yes No

Is prior authorization required to use your acupuncture benefits? Yes No

Is a referral required to use your acupuncture benefits? Yes No

Notes:

Reference # _____

Name of Representative _____