

Earth and Sky Healing Arts, LLC

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Insurance Verification Form

Please call your insurance company and complete this form by asking the following questions:

Patient name: _____
Date of call: _____ Time: _____ Spoke to: _____
Insurance Company: _____ Phone #: () _____
Insured: _____ Relationship to patient: _____
Policy #: _____ Group #: _____

1. Is acupuncture covered on this plan Yes / No
2. Is a referral required from my primary care physician? Yes / No
3. Is pre-authorization required? Yes / No
4. Am I limited to specific diagnosis codes? Yes / No
(if yes, does one of these codes apply to your illness? Yes / No If no, stop here)
5. Is there a deductible? Yes / No
(If yes, what is the deductible? \$ _____ How much has been met?: \$ _____)
6. Is there a maximum yearly benefit for acupuncture? Yes / No
is that per Calendar year / Fiscal year / Renewal date?
_____ # of visits per year / per diagnosis / per incident
_____ # of visits used year to date
\$ _____ of acupuncture care per year \$ _____ used year to date
7. What percentage is covered? _____ %
8. Is there a co-payment or leftover percentage that I am responsible for? Yes / No
If yes, what is it? \$ _____
9. Does my plan cover herbal prescriptions? Yes / No
10. Are benefits for other forms of alternative health care (chiropractic, massage, naturopathic) take from the same pool as acupuncture? Yes / No

Claims address: _____
City: _____ State: _____ Zip code: _____

Please note, benefits stated by a representative cannot be guaranteed.