

## **FITCHBURG ACUPUNCTURE INSURANCE VERIFICATION AND FEES**

Dear Prospective Patient,

Many insurance plans cover acupuncture, and we are in network providers with several carriers!

Health insurance coverage can be confusing to understand, and plans are changing all the time.

To make things easier, we have compiled a list of questions below for you to help determine if you can use your health insurance in our office. Simply call your insurance carrier, ask the following questions, and enter the answers into the form below.

These questions are also on our online booking form, so please be prepared to enter this information there as well, or you can skip this PDF and enter the information directly into the online intake form.

At this time, Acupuncture is the only service that we offer that is covered by insurance.

If you have FSA / HSA benefits, you may check with your individual plan to see if any of our other services may be paid for with your benefit cards.

If you don't have coverage, we accept all credit cards, cash, checks, and HSA / FSA cards are always welcome. Our current fees can be found by clicking the "Schedule Now" button on our website. Please take a look there and check out all the wonderful things we have to offer!

Our verification form is below, just scroll down to page 2

We look forward to seeing you soon!

**INSURANCE VERIFICATION QUESTIONNAIRE**

**Please print this form, fill it out, and keep a copy for your own records, and use this information to complete our online booking form as well. This helps us ensure that your claims are processed properly and that no financial liability falls on you due to incorrect information.**

Health Insurance Carrier \_\_\_\_\_

Member ID Number \_\_\_\_\_

Group Number (if any) \_\_\_\_\_

Phone number for Provider Services (from back of card) \_\_\_\_\_

Does my plan cover Acupuncture? **yes / no**

Does my plan PAY ACUPUNCTURISTS for their services directly? (Some plans, like Medicare will only pay an MD for Acupuncture, and therefore we cannot bill them) **yes / no**

Do I need a referral or a prior authorization? **yes / no (Fax to 617-977-5736)**

Is Allison Blaisdell Lic.Ac., NPI# 1932437100 an IN NETWORK provider with my plan? **yes / no**

If no, do I have out of network benefits? **yes / no**

If yes, what is my share of that cost? \_\_\_\_\_

What is my co-pay for acupuncture? \$ \_\_\_\_\_

How many visits per year are covered under my plan? \_\_\_\_\_

Have I met my deductible, and if not, does my deductible apply to acupuncture? (If the deductible is not met, and applies to acupuncture, the full fee will be due at time of service, and we will give you a receipt to submit to your insurance carrier) **yes / no**

Does my plan cover acupuncture ONLY for specific conditions? (Some plans will only cover for things like substance use disorder or anaesthesia)  
\_\_\_\_\_

If yes, please list specific diagnostic codes, AKA ICD10 codes:  
\_\_\_\_\_

Name of customer service representative and call reference number.  
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