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Patient Health Insurance Verification Form

You can use this form to verify your acupuncture insurance benefits and eligibility before your visit.

Patient name: _____ Time and Date of Call: _____

Insurance Company: _____

Insurance Representative Spoken to: _____

Name of primary policy holder: _____

Relationship to patient: _____ Policy #: _____ Group #: _____

1. Is Acupuncture covered on this plan? Yes No
2. Is referral required? Yes No If yes, who can make a referral? _____
3. Is pre-authorization required? Yes No
4. Is the condition or diagnosis that I seek treatment for: _____ covered by my insurance? Yes No
If not, what conditions or diagnoses are covered: _____

Please note that insurance companies are tightening the diagnosis codes for which they will allow a patient to access their acupuncture benefit. Some allow only specific kinds of pain and denying otherwise. If you are seeking treatment for things other than physical pain, we will need to discuss how to access your benefit while honoring the insurance companies restrictions.

5. Is there a deductible that has to be paid in full before my insurance covers acupuncture? Yes No
If yes, what is the deductible? \$ _____ How much has been met so far? \$ _____

6. Is there a maximum yearly benefit for Acupuncture? Yes No
_____ (circle) – per incident / per year / per diagnosis / of visits # _____ of visits used year to date
\$ _____ of Acupuncture care per year \$ _____ used year to date

7. Is there a co-payment or percentage that I am responsible for? Yes No If yes, what is it? \$ _____

8. Are benefits from other forms of care (Chiropractic, Massage, Naturopathic) taken from the same pool as Acupuncture? Yes No

9. Does the Acupuncturist have to be a Preferred Provider? Yes No
Is Jon Bechtold-Wright listed as a Preferred Provider? (NPI #1366989873 / Tax ID #81-4471322) Yes No
If Jon is not a Preferred Provider, are there out-of-network benefits? Yes No
If yes, what is the: Percentage of coverage _____% Deductible \$ _____ Annual Benefit Limit \$ _____

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