Sound View Acupuncture
5410 California Ave SW #203
Seattle, WA 98136
206-200-3595

Patient Private Health Insurance Verification Form

(circle one)

Does your Insurance Policy cover Acupuncture? Yes No

Does treatment have to be referred? Yes No

Does treatment have to be prescribed? Yes No

Who can refer/prescribe Acupuncture? PCP MD DC ND

Who is the Primary Care Physician (PCP)? _____ Phone _____

Does the plan require Pre-authorization? Yes No

Who is responsible for pre-authorization? The Doctor The Acupuncturist

What is the address, phone #, or fax # the authorization and reports should be sent to?

_____

What is the annual Acupuncture benefit limit? _____
($ amount and/or # of treatments)

Do the benefit limits include treatment by a P.T. and/or a D.C.? Yes No

What is the deductible? _____ Has it been met? Yes No
If No, remaining amount _____

Is there a co-pay? If yes, how much? _____ Yes No

Does the Acupuncturist have to be a Preferred Provider? Yes No

Is Andrea Russell,LAc on the list? NPI 1669538880 Yes No

Are there "out of network" benefits? Yes No
If yes, what %_____
Is the deductible the same? Yes No
If no, amount _____
Is the annual acupuncture benefit limit the same? Yes No
Where should claims be sent? _____

Date _____ Person you spoke with _____

_____
Patient Signature