

Golden Lotus Healing Arts



Meagan Smith Lic.Ac., MaOM, Dipl. of OM

360 Massachusetts Ave • Suite 4 • Arlington, MA 02474

P: 617.955.3494 F: 855.437.2355

msmith@goldenlotushealingarts.com

GoldenLotusHealingArts.com

Insurance Verification Form

Date of Verification/Today's Date: _____

Patient's Name: _____ DOB: _____ ID#: _____

Insurance Carrier: _____ Make copy of insurance card (front & back)

I am: *in-network* *out-of-network* with this carrier.

Acupuncture Coverage: yes no **Out of Network benefits?** yes no

If no acupuncture coverage, coverage for office visits? yes no

Modalities/ Adjunctive Therapies? yes no

Are these benefits combined with Physical Therapy benefits? yes no

Payment per visit/Co-pay: _____

Deductible Amount: \$ _____ Amount Met So Far: \$ _____

Deductible Period: ____/____ (month/year) -- ____/____ (month/year)

Coverage Amount (70% of max? \$35/day?):

Acupuncture Diagnosis Requirements (pain, nausea, etc.): _____

Acupuncture Treatment Limits:

(# of visits per year, cap on \$\$ allowed for acupuncture per year, etc.)

Call Reference # (optional): _____

"Are there any other limits or provisions on this policy I have not inquired about?"