

Insurance Verification Form: fill this out **completely** when you call your insurance company:

First, confirm that Monica Legatt is **In-network with your plan at the time of your phone call: tax ID 571-20-8862. Her NPI # is 1881912814.** The business name could be listed as either Downtown Seattle Acupuncture or as Seattle Acupuncture & Holistic Health or as Monica Legatt, Licensed Acupuncturist.

In network: Yes _____ No _____

Please get the answer to ALL of these questions for me to accurately estimate your cost and accept and bill your insurance, including confirmation that you have coverage for your diagnosis.

Patient/your Name: _____

Your Patient ID#: _____

Insurance Group #: _____

Your date of birth: _____

Date of phone call: _____

Insurance Company Name and Plan: _____

Employer providing this insurance coverage: _____

Name of Person you spoke with: _____

1. Is Acupuncture covered: yes or no

(Procedure codes for acupuncture are 97813 and 97814)

2. If yes, **does my deductible apply to acupuncture?** Yes or No

3. What is my deductible for this year? \$ _____

4. How much of my deductible is met today? \$ _____

5. Do I have a **copay** for acupuncture? \$ _____

6. Is acupuncture paid at a percentage? _____%

7. Do I need a referral or pre-authorization? _____

8. If there is a visit limit such as 10 treatments a year, what is the yearly limit? How many visits have I used by today: the date of this phone call?

