



New Harmony Health

ACUPUNCTURE & CHINESE MEDICINE

Insurance Verification

As a service, we bill insurance carriers directly. Ultimately, it is the patient's responsibility to verify benefits before your first appointment and again at the beginning of each plan year. If you require a secondary insurance company billed please fill out another copy of this form for that plan.

Name: _____ Insurance Co: _____

Member #: _____ Group # (if available): _____

Please call the customer service number on your insurance card and ask the questions below.
 You may refer to these numbers: *Jason Moskovitz provider # 1023258209, clinic tax # 81-1829238, clinic provider # 1912369430*

Is the plan currently active? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan renewal date:
Is Jason Moskovitz in network? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If out of network, will my policy cover acupuncture performed by this provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Acupuncture covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a prior authorization required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a copay or coinsurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inquire about limitations on your benefits. Acupuncture may be denied for certain diagnoses. We can provide a diagnosis code if needed. Please ask about: <input type="checkbox"/> Total visits _____ (# used _____)	
Can acupuncture be received by a licensed acupuncturist? <input type="checkbox"/> Yes <input type="checkbox"/> No (Some plans require MDs)	
Some plans' Physical Therapy benefits may be used for these codes. Please ask about coverage, limitations, or prior authorization needs for: <i>Heat (97026), Bodywork (97140).</i>	
Notes: _____	
Call date:	Time:
Representative Name:	Reference #:

I acknowledge that the above information is valid and correct. I understand that benefit verification is not a guarantee of insurance coverage, and that I am financially responsible for all services rendered.

Responsible Party Signature

Date