Dawn M. Matthews
Acupuncture Physician
FL License #2732

Patient Private Health Insurance Verification Form

(Circle One)

1. Does your insurance policy cover acupuncture? Yes No

2. Does treatment have to be referred? Yes No

3. Does treatment have to be prescribed? Yes No

4. Who can refer/prescribe acupuncture? PCP MD DC ND

5. Who is your primary care physician? _____
   Phone Number: _____

6. Does your plan require pre-authorization? Yes No

7. Who is responsible for pre-authorization: Doctor or Acupuncturist

8. What is the address, phone number or fax number of where the authorization, claim forms, and reports should be sent? _____
   _____

9. What is the annual acupuncture benefit limit? _____
   $ amount or # of treatments

10. Has this amount been met? Yes No

11. Do the benefit limits include treatment by a PT or DC? Yes No

12. Do you have a co-pay? If so, how much? _____ Yes No

13. Does the acupuncturist have to be a Preferred Provider? Yes No

14. Do you have “out of network” benefits? Yes No

15. If yes, what %_____
    Is the deductible the same? Yes No
    If no, amount _____
    Is the annual acupuncture benefit limits the same? Yes No
    If no, amount _____

Date _____

Name of Person Who Authorized Acupuncture Treatment _____

Patient Signature _____

Patient Printed Name _____