



Carleton Magus
5825 221st Pl Se Ste 204
Issaquah WA 98027

INSURANCE VERIFICATION FORM

Step 1: Call the number on the back of your card.

Step 2: Fill in all pertinent information:

ACUPUNCTURE BENEFITS

Insurance Contact Person: _____ Date Called: _____

REF # _____

Is the plan a calendar year plan (Jan-Dec)? Yes / No

Do I have to meet my deductible before acupuncture is covered?: Yes / No

What is my deductible: \$ _____

How much of my deductible is met: \$ _____

Do I have a co-payment: \$ _____

OR

Co-Insurance: Me: _____% Insurance: _____%

Is there a Visit Limit?: _____/year?

Is there a Dollar Limit?: \$ _____/year, Amount available: \$ _____

Are my benefits combined with any other services? _____

Are there any Treatment Limitations? _____

Step 3: Keep for your records.