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ACUPUNCTUREWORKZ
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Insurance Benefit Verification

Date:_____/_____/_____

Patient Name:_____ Male or Female DOB:_____

Patient Address:_____ City/State/Zip:_____

Primary Policy holder:_____ Relationship:_____ DOB:_____

Insurance :_____ Phone#:_____

Policy ID#:_____ Group#:_____

General Complaint:_____

I authorize the release of medical records or other information necessary for the processing of my claims.

Patient's Signature:_____ Date:_____

Upon verification of your Acupuncture / Physical Therapy benefits, your insurance company has informed us that your In-Network /Out-of-Network benefits are as follows: Effective date:_____ LAc ok?_____

Deductible:_____ Amount met:_____ Carry Over?_____ Calendar Year or Plan Year?

Copay or Co-insurance:_____ Out of Pocket:_____ Amount Met:_____ Precert?_____

Max number of visits or dollars per year for Acupuncture:_____

Max number of visits or dollars per year for physical therapy:_____

THIS MEANS:

At each visit you are responsible for \$_____ until your deductible has been met (which is approximately _____ visits). Thereafter you will be responsible for \$_____ for the remaining _____ visits for each year.

OR:

At each visit you are responsible for a co-payment of \$_____ for a maximum of _____ visits per year.

I have read and understand my acupuncture benefits as explained to me. I also understand that this is strictly an estimate and not a guarantee of payment according to my insurance company. I authorize payment of medical benefits to _____ for my treatments. I authorize the release of medical records or other information necessary for the processing of my claims. I understand that this office will bill my insurance company as a courtesy to me, and if for any reason the insurance company does not pay or cover the services, that I will be directly responsible for no more than \$ _____ for the initial visit and \$ _____ for any visits thereafter.

Patient's Signature:_____ Date:_____/_____/_____

Verified By:_____ Date:_____/_____/_____ Spoke to :_____ @_____

Confirmation or reference number:_____