Check Your Insurance Coverage

Have the following information ready:		Make sure to document:		
Insurance plan:		Date called:		
Member ID:		Phone number:		
Group #:		Reference number:		
Do I have acupuncture benefits?			□No	□Yes
Do I need to meet my deductible bef (Deductible is the amount you will pa			□No <i>urance kick</i>	□Yes <i>s in.</i>)
Deductible amount:	\$			
How much already met:	\$			
Do I have a yearly out of pocket max (The max amount that you will have a		ket each year.)	□No	□Yes
Out of pocket max:	\$			
How much already met:	\$			
Policy period (it resets):	\Box Calendar yea	r \Box Contract year		
Do l have co-pay or co-insurance ? (<i>A copay is a fixed amount you pay e</i> <i>If you have a deductible, it must be n</i>				□Yes <i>you pay each visit.</i>
Copay amount:	\$			
Coinsurance percentage:	%			
Is pre-authorization or referral required? (Some plans require pre-authorization or referral from PCP.)		□No	□Yes	
Is therean alternative care benefit max?		□No	□Yes	
Alternative care max:	\$			
How much already met:	\$			
Is there a visit limit (per year)?			□No	□Yes
Visit limit:	#			
How many already used:	#			
Is acupuncture a combined benefit with chiropractic, massage, or naturopathic?		□No	□Yes	
Are there any limitations or exclusions? (<i>Some plans cover only specific diagnoses such as back pain or nausea</i> .)		□No	□Yes	
Is Dr. Elias Lu, DTCM (Salud Medical and Consulting LLC) listed as in-network?			□No	□Yes
If not, do I have out-of-network acupuncture benefits?			□No	□Yes