



Insurance Verification Form
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PLEASE CALL YOUR INSURANCE AND COMPLETE THIS FORM BEFORE YOUR VISIT

You will be responsible for payment if you are not verified.

Patient Name: _____

Date of Birth: _____

Insurance Company: _____

Group Number: _____

1. Call the member services phone number on your insurance card.
2. State *"I am calling to get my Naturopathic and Acupuncture benefits."*
3. Today's Date: _____ Name of Representative: _____
4. What is my effective date? _____

		Naturopathic	Acupuncture
5	Is service in network?		
6	What is my deductible?		
7	Has it been met?	Yes/No	Yes/No
8	If not, how much is left?		
9	What is my co-pay/co-insurance?		
10	Maximum dollar amount covered per year?		
11	Maximum number of visits covered per year?		
12	Are either benefits combined with Chiropractic?	Yes/No	Yes/No
13	Is CPT code 97140 (myofacial work/manual therapy) covered?	Yes/No	Yes/No
14	Is CPT code 97214 (massage therapy) covered?	Yes/No	Yes/No
15	Is CPT code 97110 (exercise therapy) covered?	Yes/No	Yes/No
16	Do I need to go to in-network labs?	Yes/No	