



Blue Lotus Acupuncture Center

Health Insurance Verification



Please complete top section

Date _____

Name _____ Date of Birth _____

Telephone _____ Email _____

Insurance Company _____

Member ID Number: _____

Healthcare Provider Telephone (check back of insurance card) _____

Has this policy paid for acupuncture before?

Yes

No

Not sure

For office use only

Date checked _____ Contact _____ Px called _____

Is acupuncture by licensed acupuncturist covered? Yes No Maximum visits _____

Co-pay _____ Deductible _____ Deductible met? Yes No

Notes:

Claims to: