***Name:*** Click or tap here to enter text. ***DOB:*** Click or tap here to enter text.

**Place of Employment:** Click or tap here to enter text.

**Insurance Info**

***In or Out of Network Benefit?*  In  Out**

***Policy:***

***Is Patient the Policy Holder? If yes:***

***Insurance Provider Name:*** Click or tap here to enter text.

***Member ID:*** Click or tap here to enter text.

***Group ID:*** Click or tap here to enter text.

***Policy Holder (if not Patient):***

***Name:*** Click or tap here to enter text. ***DOB:*** Click or tap here to enter text.

***Insurance Provider Name:*** Click or tap here to enter text.

***Member ID:*** Click or tap here to enter text. ***Group ID:*** Click or tap here to enter text.

***Is Medicare the primary coverage?*  Yes  No**

***If yes, is this policy a Medicare supplemental plan? Supplemental does not***

***cover acupuncture.***

***Medicare only covers Acupuncture for low back pain.***

***Where to submit ACUPUNCTURE claims?*** (Please send us a screenshot of the front and back of your insurance card)

Email: [info@fullcirclehealingarts.com](mailto:info@fullcirclehealingarts.com) Txt Msg: 443-618-1528

***Coverage:***

***Percentage:***

***Acupuncture:*** Click or tap here to enter text.

***Patient’s coinsurance:*** Click or tap here to enter text.

***Covered for pain management?*  Yes  No**

***Limit on how many units can be billed for CPT97810/97811, 97813/97814?*  Yes  No**

***CoPay for acupuncture treatment:***  Click or tap here to enter text.

***Deductible:*  Individual  Family**

***How much is the deductible?*** Click or tap here to enter text.

***How much has been met so far?*** Click or tap here to enter text.

***How much deductible remains?*** Click or tap here to enter text.

***Does deductible apply towards acupuncture?*  Yes No**

***Visits:***

***Max Allowance/year:*** Click or tap here to enter text.

***Remaining:*** Click or tap here to enter text.

***Benefit Renewal Period:*** Click or tap here to enter text.