



# Jade Spring Wellness Center

ACUPUNCTURE • MASSAGE THERAPY • CHINESE HERBAL MEDICINE

## ACUPUNCTURE/ORIENTAL MEDICINE INSURANCE VERIFICATION

W/C \_\_\_\_ P/I \_\_\_\_ Health \_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### HEALTH INSURANCE:

Insured: \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Effective: \_\_\_\_\_

Employed By: \_\_\_\_\_

Acupuncture: Y/N Deductible Amount Has it been met? Y/N

Limits: \$ amount max: \_\_\_\_\_ Amt/visit: \_\_\_\_\_ # of Visit: \_\_\_\_\_

Exclusions: \_\_\_\_\_

Massage: \_\_\_\_\_

### AUTO INSURANCE (MED PAY):

Insured: \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy #: \_\_\_\_\_ Claim #: \_\_\_\_\_ Effective: \_\_\_\_\_

DOI \_\_\_\_\_

Employed By: \_\_\_\_\_

Adjuster: \_\_\_\_\_ Date: \_\_\_\_\_

### WORKER'S COMPENSATION:

Name of Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Claim #: \_\_\_\_\_ WCAB #: \_\_\_\_\_ DOI: \_\_\_\_\_

Employer \_\_\_\_: \_\_\_\_\_

Adjuster Name: \_\_\_\_\_ Written Authorization? Y/N

Referred by: \_\_\_\_\_

Verification done by: \_\_\_\_\_ Date: \_\_\_\_\_