



Insurance Verification Form

Please take a few minutes to contact your Insurance Carrier. Obtain the following information by calling the 1.800 number on the back of your card and asking to verify your benefits and eligibility for naturopathic medicine and acupuncture.

Please note that benefits quoted are not guarantee of payment by your insurance company.

Name of Primary Insurance Carrier: _____

Patient Name: _____

ID Number: _____ Date of Birth: _____

Circle one below:

My insurance is contracted with In Tune Healing Arts:

In-network

Out-of-network

My insurance is not contracted

My Benefits

Check one below and complete the blank space:

_____ I have visit limit of # _____ / Calendar Year

_____ I have a dollar limit of \$ _____ / Calendar Year

My deductible is \$ _____ I have met \$ _____ of my deductible for this year.

My out of pocket maximum is \$ _____ I have met \$ _____ of my maximum this year.

My co-pay for each visit is \$ _____ My co-insurance is _____ % of the allowed amount.

Do you need Pre-authorization/ Certification from your insurance company to be treated? YES NO

(This is for acupuncture only)

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