

Insurance benefit Checklist : Please answer ALL of questions and Sign (X ____). TrendCare.com

Every insurance plan offers different benefits. Some plans cover acupuncture and others do not even when it is the same insurance carrier. To help you speak with your insurance company in a way that might lead to coverage, we provided the following checklist of questions that should be asked. If pay by your pocket and/or submit claim by yourself, you don't need to do this form.

Please Call your insurance and answer ALL the question and Text: this form to **703-8293536** or Email to service@trendcare.com
You **MUST** answer **ALL** questions **BEFORE** we make an appointment for you or it may delay your appointment.

X_____ I understand that It is **My (patient's) Responsibility** to check with insurance benefit for acupuncture treatment and to be sure any needed pre-certification or referral is obtained if it is required prior to obtaining treatment or patient is responsible for the charges for the service. If insurance do not cover my acupuncture treatment, I do agree and will pay the acupuncture service fee.

A. What's the **Main Reason (Condition)** for the acupuncture treatment?

A1. _____ A11. Diagnosis Code: _____

* If A1 is NOT for **PAIN**, your insurance maybe not pay for your treatment.

B. Is this condition due to **Car Accident**? Yes / No_ (If Yes, you must mention this condition that caused by car accident to your medical or car insurance.)

===== ↓ Please Call your Insurance and answer ALL those Questions ↓ =====

1. Does my insurance **PLAN** cover acupuncture treatment (**Procedure code : 97813**)? Yes / No
2. Is Dr. "**Kuan-Chung Chou**" (NPI:1477694461) in my **PLAN network** provider ? Yes / No
3. Is "**Trendcare Acupuncture PLLC** (**Tax ID: 871540309**)" in my **PLAN network "Group"** provider? Yes / No (If NO, your insurance maybe not pay for your treatment)
4. Does my plan cover acupuncture treatment for my **A1** _____ (refer to your condition, main reason) under Dr. Chou of "**Trendcare Acupuncture PLLC**")? Yes / No_ (If NO, your insurance maybe not pay for your treatment)
5. Do you meet your **Deductible** for this year? Yes / No. (If No, we maybe charge you for pre-treatment deposit before you meet the deductible)
6. Does my plan require a **Referral** letter from a Primary Care Physician (PCP)? Yes / No
7. Does my plan require a **Pre-authorization** before treatment? Yes / No
8. How much for your **Copay or Co-Insurance**? _____
9. How many acupuncture **Visits** allowed this year ? _____
10. Do my insurance have **Maximum payment** for each time acupuncture treatment? Yes / No_ (some Ins. pay max / limit \$50 each time)
11. How many times you already used for acupuncture visit this year? _____
12. Do you have **primary** insurance is **Medicare** ? Yes / No_ If **Yes**, Medicare part **A** / Medicare part **B** (If Yes and part B, we maybe charge you for pre-treatment deposit)

Name of insurance representative who you spoken to: _____ When: ____/____/____ Time: ____:____

How many insurance you have? 1 / 2 / 3 . Policy holder : Yourself / Spouse / Parent Name: _____

Insurance Company Name : _____ Insurance Plan Name : _____

Insurance ID : _____ PPO / HMO / other _____

Patient Name(Print): _____ Birthday: ____/____/____ Sign X : _____ Date: ____/____/____