



MICHIGAN CENTER FOR HOLISTIC MEDICINE

Thank you for your interest in our clinic. **We look forward to meeting you!**  
We have enclosed this insurance verification form for your convenience. We recommend that you contact your insurance company by using the number on your insurance card and ask the questions listed below and fill in the information on this form. This form was generated to help you better understand your insurance policy and coverage. **Please note that this form is for verifying reimbursement from a private insurance company only, not Medicare or Medicaid.**

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Spoke To: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Date patient became effective on policy: \_\_\_\_\_ Does Pre-Existing Condition Apply? YES NO

If YES, what is the pre-existing time period?  
\_\_\_\_\_

Specialist Office Visit will be covered by (please circle): Co-Pay    Deductible and Co-Insurance

Co-Pay \$ \_\_\_\_\_ Co-Insurance: In-Network % \_\_\_\_\_ Co-Insurance: Out-of-Network % \_\_\_\_\_

Individual Deductible    \$ \_\_\_\_\_    Individual Deductible Amount Met    \$ \_\_\_\_\_

If applicable, Family Deductible                    \$ \_\_\_\_\_    Family Deductible Amount Met    \$ \_\_\_\_\_

Out-of-Pocket Individual Amount                    \$ \_\_\_\_\_    Out-of-Pocket Amount Met                    \$ \_\_\_\_\_

If applicable, Family Out-of-Pocket                    \$ \_\_\_\_\_    Family Out-of-Pocket Amount Met \$ \_\_\_\_\_

How will my insurance policy cover a new patient visit (CPT 99204/99205) with an out of network provider?  
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How will my insurance policy cover a follow up-appointment (CPT 99213/99214/99215) with an out of network provider?

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How will my insurance policy cover osteopathic manipulation (CPT 98927/98928), if the procedure is done on the same day as my office visit (99213)? This procedure is non-routine and will be billed with a medical diagnosis.

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How will my insurance policy cover ECG/U/S (CPT 93000/93380/93880), if the procedure is done on the same day as my office visit (99213)? This procedure is non-routine and will be billed with a medical diagnosis.

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If diagnostic/machine tests are performed at a later date, and no office visit will be billed on the same day as the testing, how will benefits be considered?

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If diagnostic/machine tests are performed and an office visit will be billed on the same day, how will benefits be considered?

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How will my insurance policy cover an intravenous infusion, for therapy, prophylaxis, or diagnosis (CPT 96365)?

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How will my insurance policy cover an injection (CPT 99211/96372)?

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How will my insurance policy cover platelet rich plasma or prolotherapy injections (CPT 0232T)?

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Will my insurance cover acupuncture services (CPT 97810/97811/97813/97814)? If so, how many visits and/or is there a deductible that needs to be reached before coverage starts?

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Do I need a referral/prescription for acupuncture to be covered?

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Notes:

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The items listed on the attached sheet are only an example of the tests (machine tests/diagnostic tests) that may be performed in our office. All of the tests below will not be performed on every patient, but the list has been provided to help you determine how your insurance will consider benefits for services that will be performed in our office.