

Soaring Crane Acupuncture, LLC  
 Amarkaur Northrup LAc.  
 630 B Ave. Ste. 3 Lake Oswego, OR 97034  
 503-303-7595

**INSURANCE VERIFICATION FORM**

Patient Name:	DOB
Insurer:	Policy #:
Ins. Phone #	Group #:
Verified by: Name/ Employee ID #	
Date Verified:	
Name or ID # of Ins. Representative:	

**POLICY BENEFITS:**

- 1) Does the plan have acupuncture benefits?  YES  NO
- 2) Is coverage current and available?  YES  NO
- 3) What is the deductible? \_\_\_\_\_ How much of it has been met? \_\_\_\_\_
- 4) What is the deductible time period? \_\_\_\_\_
- 5) Is this a preferred provider plan?  YES  NO
- 6) Is there a copay ?  YES  NO If yes how much? \_\_\_\_\_
- 7) If no copay, what percentage of the visit is covered by insurance? \_\_\_\_\_
- 8) Does the plan have out-of-network acupuncture benefits?  YES  NO
- 9) If so, how much will the plan reimburse per visit? \_\_\_\_\_

**LIMITS of CARE:**

- 1) How many acupuncture visits does the plan cover per year? \_\_\_\_\_
- 2) Is there a price cap on the number of visits per year? \_\_\_\_\_
- 3) Do Chiropractic & Naturopathic visits count toward the number of visits or price cap per year?  YES  NO
- 4) Are there any other limits or provisions on this policy that I have not inquired about?

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