

**INSURANCE VERIFICATION FORM**  
**Pegasus Acupuncture & Natural Health**  
**2102 North Alder Street, Tacoma, WA 98406**  
**253-759-2300 Fax: 253-759-2333**

Please, call your insurance company and ask these questions. Make sure you are inquiring about coverage for acupuncture done by Cornelia Moynihan, L.Ac – licensed acupuncturist and naturopathic physician.

\* Does the insurance policy cover acupuncture performed by an L. Ac? Yes \_\_\_ No \_\_\_

\* Is this diagnosis \_\_\_\_\_ covered for acupuncture? Yes \_\_\_ No \_\_\_  
(Tell the person what you want to be seen for. Some insurances only cover a pain diagnosis.)

\* Does treatment have to be referred by a primary care physician? Yes \_\_\_ No \_\_\_

\* Who is the primary care physician? \_\_\_\_\_ Phone # \_\_\_\_\_  
Is special preauthorization required before your appointment? Yes \_\_\_ No \_\_\_

\*What is the annual acupuncture benefit limits? \_\_\_\_\_  
(\$ amounts and/or # of treatments)

\*What is the deductible? \_\_\_\_\_ Has it been met? Yes \_\_\_ No \_\_\_  
If the deductible has not been met, how much is remaining? \_\_\_\_\_

\*Is there a copay? Yes \_\_\_ No \_\_\_ If there is, how much? \_\_\_\_\_

**Inform them that I always charge for an office call, 99202 or 99212.**

\*Does the L. Ac have to be a preferred provider? Yes \_\_\_ No \_\_\_

\*Is Cornelia Moynihan, L. Ac on the preferred provider list ?  
Yes \_\_\_ No \_\_\_

What are the “out of network” benefits? \_\_\_\_\_  
\_\_\_\_\_

Where should claims be sent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date \_\_\_\_\_ Person you spoke with \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

**\*\* Please, bring this completed form with you to your first appointment.**