

Please fill out the form below in its entirety. Benefits cannot be verified for forms without all necessary information.

Good Life Healing Center  
5325 Lena Rd., Suite 101  
Bradenton FL 34211  
941.301.8485

## Insurance Verification Form

### GENERAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

### INSURANCE INFORMATION

Policy Holders Name: \_\_\_\_\_

Policy Holders DOB: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Primary Insurance ID #: \_\_\_\_\_

Primary Insurance Provider Services Phone #: \_\_\_\_\_

### COVERAGE DETAILS

Deductible: \_\_\_\_\_ Co-Pay: \_\_\_\_\_ Co-Insurance: \_\_\_\_\_

Visit Limit: \_\_\_\_\_ Coverage Amt: \_\_\_\_\_ Policy dates : \_\_\_\_\_

Coverage Details : \_\_\_\_\_

### OFFICE POLICIES

**Medicare now covers Acupuncture.** However, not all secondary Medicare plans are the same and some may not follow Medicare guidelines. A verification can clarify benefits.

**If a patient would like to confirm their benefits they can ask the following questions:**

1. Do I have **out of network** Acupuncture benefits?
2. If yes, what is my out of network deductible, co-pay, co-insurance? Do I have a visit limit?