Queen Anne
Natural
Health

Insurance questionnaire-Acupuncture

Below is a list of questions to ask your insurance provider. These questions are tailored to Acupuncture treatments. A separate benefits inquiry should be made for each service (acupuncture, massage, naturopathy). With these answers you should have a good estimate of your insurance coverage.

Bolded terms can be found in the glossary on the following pages.

Name of **Representative:** _____

Is the **provider** in **network** with my **plan**? Yes ☐ No ☐

Does the plan run on a **calendar year**? ☐ or a **plan year** ☐?

How many **visits** per year? ___

- Have any of these visits been used? ___
- Is this a **hard** ☐ or **soft** ☐ **maximum**?

What is my **cost share**?

- What is the **Copay**? $___
- What is the **Coinsurance**? $___
- What is the **Deductible**? $___
- What is the **Out-of-Pocket Maximum**? $___
- Is the **Cost Share** the same for **Evaluation and Management** codes? Yes ☐ No ☐

Is **pre-authorization** required? Yes ☐ No ☐

Is **referral** required? Yes ☐ No ☐

Is a **Prescription** required? Yes ☐ No ☐

What is the **call reference/tracking** number? _____

Glossary of terms

Allowed Amount: The sum of all maximum allowables for a specific treatment.

Billed amount: The amount Queen Anne Natural Health bills an insurance for a specific **CPT code**

Calendar year: 365 days starting on January 1st and ending December 31st

Call Reference/Tracking N**umber:** a unique number used to track each individual phone-call or conversation. These are used to look back at phone-call in cases where incorrect or incomplete information was provided.

Coinsurance: A variable charge based on a percentage of the maximum allowable for all CPT codes used

Copay: A flat charge per visit, determined by the medical plan

Cost Share: a catch all term for the patient's financial responsibility: refers to Copay, Coinsurance and deductible

CPT codes: Current Procedural Terminology. A set of 5 digit codes used to identify exactly what medical procedure is being billed.

Deductible: The amount (across all services) that a patient is expected to pay before their insurance activates. Prior to a deductible being met the patient will be responsible for the full allowed amount of all visits

Evaluation and Management: the part of the visit where the provider reviews medical history, creates treatments plans and offers medical advice. When billed alongside another service (such as acupuncture) may be subject to a different cost share. Note: Evaluation and management codes are legally required when specific conditions are met

Hard maximum: The maximum number of treatments is firm and will NOT be expanded

Maximum Allowable: The repayment value of a specific CPT code. This is determined by insurance providers.

Network: Insurance companies cultivate a limited pool of approved providers that can treat their patients. This list often varies plan by plan. Services with an out of network provider may be covered at a different rate.

Out-of-Pocket Maximum: The maximum amount of money a patient is expected to pay in a year. Once this is met the insurance should cover treatments in full

Plan: A specific set of benefits. Insurance providers will offer dozens or hundreds of different plans that vary in: services covered, cost and providers in network.

Plan year: 365 days starting and ending on a day determined by a medical plan

Pre-Authorization: Approval, from your insurance provider, required prior to treatment. The process of getting pre-authorization will vary plan to plan and may be a simple as putting in the request as a patient or as complicated as having your primary care provider submit a formal request backed up with medical records.

Prescription: A request by an outside provider for treatment: Prescriptions are very specific and will include the specific provider being referred to specific codes to be used as well as the duration of treatment.

Provider: A medical professional

Referral: A request by an outside provider for treatment. A referral is often generic and can be offered to any relevant provider without specifying the duration or methods of treatment

Representative: the individual you are speaking with over the phone

Soft maximum: The maximum number of treatments can be expanded if certain conditions are met

Visits: Treatments