

Name: _____ DOB: _____

Insurance Carrier: _____ Secondary: _____

Member ID: _____ Secondary: _____ Renew Date: _____

Effective Date _____

Acupuncture Benefits

- Combined with? _____
- Deductible Applies: _____
- Deductible Met: _____
- Copay/Coinsurance: _____
- Benefit Max: _____
- Benefit Max Met _____
- Four units of 97140? _____
- Authorization/Referral required? _____
- When and from whom is it required? _____

Chiropractic Benefits

- Combined with? _____
- Deductible Applies: _____
- Deductible Met: _____
- Copay/Coinsurance: _____
- Benefit Max: _____
- Benefit Max Met _____
- Authorization/Referral required? _____
- When and from whom is it required? _____

Massage Benefits/ PT, OT, Speech

- Combined with? _____
- Deductible Applies: _____
- Deductible Met: _____
- Copay/Coinsurance: _____
- Benefit Max: _____
- Benefit Max Met _____
- Authorization/Referral required? _____
- When and from whom is it required? _____
- 97124 or 97140: _____
- Are LMT's excluded under this plan? y/n _____

Out of Network

- Deductible Applies/Met: _____
- Copay/Coinsurance: _____
- Benefit Max: _____
- Met: _____
- Four units of 97140? _____
- Required? Authorization/Referral _____
- When is it required? _____

Ref # _____ VA Employee: _____