Holly J. Brown, L.Ac, DAOM & Molly Maguire, L.Ac
331 Maine Street, Suite 11 • Brunswick, ME • 04011 • 207-809-2282

Insurance Verification Form

Group NPI:1134676133
Holly Johantgen Brown NPI: 1194882191
Molly Maguire NPI: 1770995888

Patient Name:
Date of Birth:
Insurance Carrier:
Insurance Phone #:
Member ID:
Claims Address:
Diagnosis/What you seeking treatment for:
Are there diagnosis exclusions or limitations?

Date called: _____ Spoke with and Reference #: _____

Calendar Year ❒ Contract Year ❒ If Contract Year, runs from _____ to _____

Effective Date: _____ Re-set Date: _____ Termination Date: _____

Referral required? Authorization required?
Self-insured plan or Fully-insured plan? _____
Limits/Year? ____ If so, limited to ____ visits or ____ dollars per: Calendar Year/Contract Year

Do I have in-network and out of network benefits? In Network ❒ Out of Network ❒

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For In-Network Benefits:	**For Out-of-Network Benefits**:
Acupuncture benefits? _____ 97810: Acupuncture, Initial 15 min 97811: Acupuncture, Subsequent 97813: Acupuncture w/e-stim Initial 97814: Acupuncture w/e-stim, Subsequent	Acupuncture benefits? _____ 97810: Acupuncture, Initial 15 min 97811: Acupuncture, Subsequent 97813: Acupuncture w/e-stim Initial 97814: Acupuncture w/e-stim, Subsequent
Are E/M codes (Office Visits) covered by an Acupuncturist? _____ If so, Percentage or Co-pay? _____ Examples of codes: 99202, 99203,99204, 99212, 99213, 99214	Are E/M codes (Office Visits) covered by an Acupuncturist? _____ If so, Percentage or Co-pay? _____ Examples of codes: 99202, 99203,99204, 99212, 99213, 99214
Are Modalities covered? _____ If so, Percentage or Co-pay? _____ 97140: Manual Therapies 97802: Nutrition, Initial 97803: Nutrition, Subsequent	Are Modalities covered? _____ If so, Percentage or Co-pay? _____ 97140: Manual Therapies 97802: Nutrition, Initial 97803: Nutrition, Subsequent
Individual deductible? _____ Left to Meet? _____ Family deductible? _____ Left to Meet? _____ Percentage _____ or Co-pay _____ Out of Pocket Max (OOPM) _____ When does the count start? Right away ❒ After deductible is met ❒ Dollar amount/visit _____	Individual deductible? _____ Left to Meet? _____ Family deductible? _____ Left to Meet? _____ Percentage _____ or Co-pay _____ Out of Pocket Max (OOPM) _____ When does the count start? Right away ❒ After deductible is met ❒ Dollar amount/visit _____
How many/much used so far? If any visits have been used so far, in what state/states or other offices?	How many/much used so far? If any visits have been used so far, in what state/states or other offices?

Please submit this completed form to us along with a copy of your insurance card.
Thank you for allowing us to be a part of your health goals!