



## Insurance Verification Form

If you would like to see if you have supplemental insurance coverage for acupuncture please fill out the following information. The information on this form will only be shared with your insurance company.

*\*\*Acupuncture by Devon does not accept Healthnet, Kaiser, Sharp, Medical or American Specialty Health.*

Insurance Company \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insurer's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member ID # \_\_\_\_\_ Group ID# \_\_\_\_\_

Provider Services Phone Number (on back of card) \_\_\_\_\_

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

Patient's Contact Email \_\_\_\_\_

When complete, please email this form and a copy of the front and back of your card to:

[verifications@Shaferbilling.com](mailto:verifications@Shaferbilling.com)

We will be in contact with the insurance information within 2-3 business days of your submittal.

**Thank you** for your inquiry and I look forward to working with you!