



Out of Network Insurance Verification Instructions For Patients of Blossom Clinic

Dear Patient:

Blossom Clinic is a fee-for-service clinic, which means that payment is due at time of service. Although none of our practitioners are on insurance panels, if you have *out of network* coverage for acupuncture, you might be able to be reimbursed directly by your insurance company.

This document will make it easier for you to find out if you have *out of network* insurance coverage. If you do, we will give you a form (“superbill”) at the end of your appointment with the diagnosis and procedure codes your insurance company needs to reimburse you.

Once the insurance company receives your superbill, they typically respond within 30 days. If they need more information, please let us know. If you have questions after speaking to your insurance company, we’re here to help you understand your coverage.

We look forward to working with you,

The Blossom Team



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When calling your insurance company you will need:

- ➡ The customer service phone number on the back of your card
- ➡ Your individual ID number
- ➡ Your date of birth

Ask if you have out of network acupuncture coverage. If yes, the following information is helpful for you and us.

What date did your insurance coverage begin? Is your plan based on a calendar or fiscal year?

Is your out of network acupuncture coverage subject to a deductible?

If yes: Do you have a separate out of network deductible?

How much of that deductible has been met?

What is your out of network out of pocket maximum? How much has been met so far this year?

When you ask what your plan covers, write down exactly what they say. What does your plan cover?

- First Example: 80% of usual and customary fees with 20% coinsurance
- Second Example: 50% of usual and customary fees
- Third Example: 40% of usual and customary fees + a co-pay

Do you have a copay?

Is there a limit to the kinds of conditions your insurance company will cover? (Ex: nausea from pregnancy, chemotherapy, neck pain, low back pain, knee pain) They might not mention this information, so be sure to ask them.

Is your coverage limited to a certain number of visits or dollar amount? Each year?



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How much has been used so far this year?

If you have Moda or BlueCross BlueShield: Ask if your plan requires prior authorization through eviCore? If so, call us after speaking to your insurance company and we will take care of this for you.