



Fees and Out-of-Network Insurance Verification Instructions For Patients of Blossom Clinic

Blossom Clinic is a fee-for-service clinic, meaning payment is due at the time of service, and we do not bill insurance directly. However, if you have *out-of-network* coverage for acupuncture, you *might be able* to be reimbursed directly by your insurance company. This typically works well with UHC, Aetna, and BCBS, for example. We highly encourage you to call your insurance company to inquire whether you have out-of-network coverage.

Fees:

90-Minute New Patient Session \$260

60-Minute Follow-Up Session \$110 (typically done weekly)

Out-of-Network Coverage:

The questions below will make it easier to determine if you have *out-of-network* insurance coverage. **If you do, you will be emailed a “superbill” at the end of your Blossom appointment with the diagnosis and procedure codes your insurance company will most likely need to reimburse you.**

Once the insurance company receives your superbill, they must 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.



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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:

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?

What exactly does your plan cover?

Do you have a copay?

Is there a limit to the 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 a dollar amount? Each year?

How much has been used so far this year?