



## *RituaLuna Wellness*

### **Acupuncture Insurance Benefits Questionnaire**

These questions also appear in your intake forms. Please use this form while contacting your insurance company or accessing your insurance portal, then enter the information directly into the intake questionnaire. If needed, you may alternatively email this completed form to our office.

# of <b>acupuncture</b> visits covered per year	
Is there an allowable amount limit per day for <b>acupuncture</b> (dollar amount or unit limit)?	
What is the copay or coinsurance for <b>acupuncture</b> ? (\$ = copay, % = coinsurance)	
Is <b>acupuncture</b> subject to deductible?	
What is your current deductible amount? (Please note we are unable to track deductible amounts across healthcare organizations. When we receive confirmation that your deductible has been met, we will update your account and refund any overpayments.)	
Are there any other unique requirements for my plan (e.g., preauthorizations, referrals, medical necessity reviews)?	
Are there diagnosis restrictions for <b>acupuncture</b> coverage under my plan?	

Questions or need support? Please email [office@ritualunawellness.com](mailto:office@ritualunawellness.com).