James T. Burr, M.Ac., L.Ac.

1316 Wall Street Suite 2A
Everett, WA 98201

425-327-3105
jim.burr@gmail.com
www.jamestburr.com

We can bill some insurance plans as a service to you. However, it is important for you to verify your benefits prior to your appointment. Please note that coverage is based on each patient's individual plan. If your insurance company does not pay for the services listed below, you will be responsible for the payment of all services rendered.

Below is a list of questions to ask your insurance company so you may determine potential out-of-pocket costs*

Date:_____ Time:_____ Insurance Rep. Name:_____ Call Reference #:_____

James T. Burr Acupuncture

NPI # 1306190038 // Tax ID: 46-1498324

🌿 Is James T. Burr Acupuncture in-network on my specific plan? ❒ YES ❒ NO

If yes, what is my annual deductible, or coinsurance per member or family?_____

If no, does my plan have out-of-network (OON) benefits? ❒ YES ❒ NO

What is my OON annual deductible, or coinsurance per member or family?_____

What is my OON co-pay? _____

🌿 Which services or visit limits are grouped together (acupuncture, chiropractic, physical therapy, massage, naturopathic medicine? _____

🌿 Do I have Acupuncture coverage? ❒ YES ❒ NO

If yes, do I need a referral for this service? ❒ YES ❒ NO

Does this service require prior authorization? ❒ YES ❒ NO

Do I have a co-pay? ❒ YES ❒ NO

If yes, how much?_____

What is my annual visit limit? _____

Completing this form does not guarantee payment by your insurance.