



Butterfly Healing, PLLC
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Insurance Benefit Information Call Sheet

- It is the responsibility of the patient to call insurance provider to ensure coverage.
- Please bring the filled-out form to your next appointment.

Date Called:

Reference Number:

Insurance and ID #:

Patient Name (Last, First):

Subscriber's Name and DOB (Last, First):

Provider Network Status with Plan:

Visit limit (Calendar Year):

- A. Is visit limit with combination?
- B. With what services?
- C. Hard or soft limit amount?

Is Butterfly Healing in-network?

Co-Pay Amount:

Co-Insurance Amount:

Deductible:

- A. Individual Total/Met:
- B. Family Total/ Met:
- C. Does the deductible apply to Acupuncture?

Out of pocket max:

- A. Individual Total/Met:
- B. Family Total/ Met:

Preauthorization required? Yes or No

Evicore:

MNR:

CPT Codes used:

Office/ Professional (visit-sick) visits: 99202, 99203, 99212, 99213

Acupuncture benefits: 97810, 97811, 97813, 97814

Physical Therapy benefits: 97140, 97026

Referral required?

Payer EDI for electronic claims:

Notes: