

## **Acupuncture Claim Form**

This form must be completed by the provider for all III-A member acupuncture claims and submitted to III-A Benefits Manager for payment: admin@iii-a.org

## **Provider's Name:**

## Patient Information

Name:

III-A Agency:

Service Date	Service Description	Charges
		S

**Acupuncture Benefit Description:** 52 Acupuncture visits (up to \$80 per visit), per calendar year for each member covered under a III-A medical plan. Acupuncturist must be state licensed, and not "certified". Any amount charged over \$80 is the patient's responsibility to pay.

If you have questions, call III-A Benefits Manager at 208-938-8199 or email admin@iii-a.org

\*\*If you do not have a secure email system, you can email the above email address and request a secure email link\*\*