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**Union Wellness Referral Form for ACUPUNCTURE**

 **222478701**

**MAC and TSOA SERVICES**

info@unioncenterforhealing.com, PH: 206-329-2060, FX: 206-219-0598

Date: Provider One Authorization Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Client ID: |  | Client Date of Birth: |  |
| Client Name: |  | Client Phone: |  |
| Client Address: |  |  |  |
| Preferred Language: |  | Other: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Case Manager: |  | Company Name: |  |
| Email: |  | Phone: |  |
| Fax:  |  | Other: |  |

ACUPUNCTURE-Authorizations need to have: Service code: **SA897 U1= care receiver** or **U2 = caregiver**

We can see patients two times per month (4 units = 1 treatment), so the authorization line item needs to show: 8 units for each month OR if you are entering for more than one month, 8 units x # months

EX: 8 units per month for 6 months = 48 units.

8 units = 1 month, 16 units = 2 month, 24 units = 3 months, 32 units= 4 months, 40 units = 5 months

96 units= 12 months.

Authorization Start date: End date**:**

**\*Please let the client know we bill a $50 fee for any missed appointments or late cancellations with less than 24 hours’ notice. This will be included in the office forms they fill out.**