

## How to Check Your Insurance Benefit:

We are happy to bill your insurance for your visit (if there is verified coverage); however, it is your responsibility to be aware of coverage and co-pay, as well as any deductible and maximums. We do call for every patient as well.

Call the number on your insurance card and ask the representative the following questions. Keep the card handy so you can read the numbers to the agent.

*Note:* Online benefits and insurance handbooks will not give the same information as a live representative.

1. When did my *coverage begin and when is it valid thru*?  
Beginning Date of Coverage \_\_\_\_\_ Ending Date of Coverage \_\_\_\_\_  
Does my insurance plan follow a Fiscal or Calendar year schedule? \_\_\_\_\_
2. What are my *benefits* for the following services?  
Naturopathic: % Covered \_\_\_\_\_ ; Co-pay/ Co-Insurance \_\_\_\_\_ ; Year Max \_\_\_\_\_  
Acupuncture: % Covered \_\_\_\_\_ ; Co-pay/ Co-Insurance \_\_\_\_\_ ; Year Max \_\_\_\_\_  
B12 Injections: (CPT 96372) Amount or % Covered \_\_\_\_\_  
IV pushes: (CPT 96374) Amount or % Covered \_\_\_\_\_
3. Do I need a referral from my primary care practitioner (PCP) to have my alternative services covered? \_\_\_\_\_
4. Is Dr. \_\_\_\_\_ an *In-Network* or a *Preferred Provider* with my insurance?  
\_\_\_\_ Yes (skip to question 5)  
\_\_\_\_ No → Is Dr. \_\_\_\_\_ an *Out of Network* Provider? \_\_\_\_\_ For an out-of-network doctor, what is the % coverage? \_\_\_\_\_
5. What is my deductible for the year? \_\_\_\_\_ Amount of Deductible met so far  
\$ \_\_\_\_\_ Date \_\_\_\_\_
6. Are any of the specialties listed above subject to this deductible? \_\_\_\_ Yes \_\_\_\_ No
7. Are my lab services covered if my Naturopathic physician orders them? \_\_\_\_\_  
Labs/Imaging % Covered \_\_\_\_\_ Which lab companies are considered in network.
8. Is My Annual Gynecological Exam Covered by a Naturopathic Physician? \_\_\_\_\_  
If so, what is the coverage? \_\_\_\_\_
9. May I please have your name? Agent's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Reference number for the call: \_\_\_\_\_

**Please bring this form and your insurance card to your first appointment.**

*\*Please be aware that this is not a guarantee of payment, if an insurance company gives you inaccurate information they may not honor the benefits that were quoted.\**