



VERIFYING YOUR INSURANCE BENEFITS

Patient Name: _____

It is up to you, the patient/representative/guardian, to determine insurance benefits as well as any deductible and maximums. Knowing your insurance benefits gives you greater awareness of your out-of-pocket expenses as well as your healthcare choices. In order to ensure you are aware of your benefits, we request you go through the following procedure before your visit.

I have verified my insurance benefits and listed them below. I am aware that this does not guarantee payment.

I have chosen **not** to verify my insurance benefits. I am aware I am responsible for all costs from my visits with Dr. Alicia Cole, even if my insurance company is billed directly.

Responsible Party (Please print – parent or guardian name if patient is a minor)

Signature (Parent or guardian if patient is a minor)

_____/_____/_____
Date

To verify your benefits, call the customer/subscriber services number on your insurance card.

Insurance Company: _____ Insurance ID: _____

Name of insurance representative: _____ Date: _____

1. Effective date of policy _____ (if applicable: End date of coverage _____)
2. What is my deductible for the year, and have I met any part of that deductible?
Yearly deductible _____ Amount met _____ When does it re-set? _____
3. Do I have benefits for an office visit with:
An **In-Network** Naturopathic Physician (ND)? YES/NO
If yes, I have _____% coverage and/or a \$ _____ co-pay
An **Out-of-Network** Naturopathic Physician (ND)? YES/NO
If yes, I have _____% coverage and/or a \$ _____ co-pay
4. Do I need a referral from my primary care physician (PCP) to see an ND? YES/NO
5. Do I have benefits for Manual Therapy (CPT code 97140) from an ND? YES/NO
6. Do I have coverage for CPT code 99354 (visits over 30 minutes long)? YES/NO
7. Is there a limit to the number of visits I am able to have with an ND? YES/NO
8. Is there a limit to the number of times a diagnosis code can be used by an ND? YES/NO
9. Is there a limit to the type of diagnosis codes an ND can provide? YES/NO
10. Do I have benefits for laboratory services? YES/NO
11. Do laboratory services count toward my deductible YES/NO