



### How Do I Check My Insurance Benefits?

Patient Name \_\_\_\_\_ Insurance ID# \_\_\_\_\_

We will happily bill your insurance for your visit; however, it is the patient's responsibility to be aware of her/his coverage and co-pay, as well as any deductible and maximums. Please follow steps 1-7 when calling to find out benefits and eligibility.

**First, Call the number** on your insurance card listed for customer service, benefits and eligibility, or subscriber services and ask the representative the following questions:

1. When did my *coverage begin and when is it valid thru?*

**Beginning Date of Coverage** \_\_\_\_\_ **Ending Date of Coverage** \_\_\_\_\_

2. Do I need a *referral from my primary care physician (PCP)* for alternative services?

\_\_\_ **Yes**      \_\_\_ **No**

3. Is the doctor I want to see *In-Network or a preferred provider* with my insurance company?

\_\_\_ **Yes**      \_\_\_ **No**

4. What are my *benefits* for naturopathic medical services? \* *There will be different benefits depending on whether the doctor is In or Out-of-Network with your insurance company and whether your plan includes Out-of-Network benefits.*

**Naturopathic: % Covered** \_\_\_\_\_ **Co-pay/ Co-Insurance** \_\_\_\_\_ **Year Max** \_\_\_\_\_

5. Are my alternative claims billed to **American Specialty Health, Complementary Health Plans, or ACN Group?**

\_\_\_yes    \_\_\_no. If yes, please circle which one.

6. What is my *deductible for the year* and has any or all of it been met?

**Deductible \$** \_\_\_\_\_ **Amount of Deductible met so far \$** \_\_\_\_\_ **Date** \_\_\_\_\_

7. What was the *name of the representative* I spoke with \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Please bring this form with you to your appointment.** If you have trouble getting the information you need, please feel free to call the clinic for assistance. Thanks so much!