How Do I Check My Insurance Benefits?

Patient Name:_____ Insurance Name: _____
Insurance ID: _____ Provider Name:_____

Our billing department will happily bill your insurance for your visit. However, it is the patient's responsibility to be aware of his/her coverage and co-pay, as well as any deductible and maximums. Please follow the steps below 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. Do I have Naturopathic Coverage? YES_____ NO _____

2. Beginning date of coverage _____ Ending date of coverage _____

3. Do I need a referral from my primary care physician (PCP) for alternative services?
   YES_____ NO _____

4. Is the doctor I want to see (Dr.) *In- Network* or a *preferred provider* with my insurance?
   YES _____ NO _____
   In-Network doctor I have _____ % coverage

5. Is the doctor I want to see an *Out-of-Network Provider*? YES _____ NO ____
   Out of network doctor I have ____ % coverage

6. What are my benefits for the following services? * Be sure to find out the benefits that apply to the doctor you are seeing; 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_____
Acupuncture: % Covered _____; Co-Pay/Co-Insurance _____; Year Max_____
Physical Therapy: % Covered _____; Co-Pay/Co-Insurance _____; Year Max_____
Chiropractic: % Covered _____; Co-Pay/Co-Insurance _____; Year Max_____
Massage: % Covered _____; Co-Pay/Co-Insurance _____; Year Max_____

7. What is my deductible for the year and has any or all of it been met?
   Yearly deductible $_____ Amount of deductible met so far $_____ Date_____

8. Are my alternative claims billed to American Specialty Health or American Whole Health?
   YES____ NO ____

9. Are any of the specialties listed above subject to this deductible? YES ____ NO___
   If so, which specialties_____

What is the name of the representative I spoke with _____ Date _____
*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.