

## Insurance Benefits Verification Form

We strongly encourage you to call your insurance plan prior to your first appointment and at the beginning of each calendar year to understand what is covered by your plan and what has changed from the past. This form is designed to assist you in understanding of your medical benefits.

Date \_\_\_\_\_

Patients Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Group # \_\_\_\_\_

# Called \_\_\_\_\_ Spoke to \_\_\_\_\_ Effective Date \_\_\_\_\_

### Acupuncture Benefits \_\_\_\_\_

Deductible \_\_\_\_\_ Met \_\_\_\_\_ Coverage \_\_\_\_\_

Co-pay \_\_\_\_\_ Max # of visits \_\_\_\_\_

PCP Referral? \_\_\_\_\_ Obtained \_\_\_\_\_ Pre-authorization? \_\_\_\_\_

What is covered? **Are there any exclusions or only certain conditions that are covered?**

Conditions \_\_\_\_\_

### Naturopathic Benefits \_\_\_\_\_

What is covered?

Office visits? \_\_\_\_\_ Preventative? \_\_\_\_\_ Physical Medicine (massage, manual manipulations, infrared, ultrasound, electro-stimulation) \_\_\_\_\_

Deductible \_\_\_\_\_ Met \_\_\_\_\_ Coverage \_\_\_\_\_

Co-pay \_\_\_\_\_ Max # of visits \_\_\_\_\_

PCP Referral \_\_\_\_\_ Obtained \_\_\_\_\_ Pre-authorization? \_\_\_\_\_

**Call reference #** \_\_\_\_\_

#### **What is:**

- **Deductible?** - Amount that you have to pay before insurance will start paying for services
- **Copay?** - Amount that is due at the time of the visit
- **Coinsurance?** - Remainder balance after insurance has paid their part