

## Determining Health Insurance Eligibility

Red Leaf Natural Health gladly provides billing services for their patients. Before billing can take place patient eligibility must be clarified. It is the **patient's responsibility** to be informed as to their coverage, co-pay, and deductible.

Questions to ask your insurance company:

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. What was the **name of the representative** I spoke with \_\_\_\_\_ **Date** \_\_\_\_\_
2. 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? \_\_\_\_\_
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. Raina Lasse or Dr. Susan Saccomanno) **In-Network** or **a preferred provider** with my insurance?  
\_\_\_ **Yes** \_\_\_ **No**
5. 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.

### Specialties:

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

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

6. Are Labs covered? Is there a preferred lab?
7. Is there a co-pay per **visit** or per **specialty**? Please circle which one.
8. What is my **deductible for the year** and has any or all of it been met?  
**Deductible \$** \_\_\_\_\_ **Amount of Deductible met so far \$** \_\_\_\_\_ **Date** \_\_\_\_\_

I have reviewed the above information and understand that services rendered are my responsibility. If there are services not covered by my insurance company I am responsible for payment of those charges. Please give the office a call in regard to any questions you might have.

Signature \_\_\_\_\_