

Determining Health Insurance Eligibility

The office will gladly provides billing services for their patients. Before billing can take place patient eligibility must clarified. It is **your responsibility** to be informed of your coverage, co-pay, and deductible. Please call your insurance company prior to your visit and answer the following questions:

Insurance Benefits

Date Verified: _____ Rep I spoke with: _____

Coverage Start Date: _____ through _____

Referral needed from Primary Care Physician for alternative services? Yes___ No___

Deductible: _____ Remaining: _____ as of: _____

- Is the practitioner In-Network or a preferred provider with my insurance? Yes___ No ___
- Are labs covered? Yes___ No___
- Is there a preferred lab? _____
- Is there a co-pay per visit or per specialty? Please circle which one.

Naturopathic Benefits:

% Covered _____ Co-pay/Co-Insurance _____ Year Max: _____

Visits Authorized per year: _____ Visits used: _____

Is CPD code 99204 covered? Y/N Does the deductible apply? Y/N
 Is CPD code 99214 covered? Y/N Does the deductible apply? Y/N
 Is CPD code 99354 covered? Y/N Does the deductible apply? Y/N

IF you are curious you can also ask about additional services:

Acupuncture Benefits:

% Covered _____ Co-pay/Co-Insurance _____ Year Max: _____

Visits Authorized per year: _____ Visits used: _____

Chiropractic Benefits:

% Covered _____ Co-pay/Co-Insurance _____ Year Max: _____

Visits Authorized per year: _____ Visits used: _____

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.

Signature: _____ Date: _____