



HOW DO I VERIFY MY INSURANCE BENEFITS?

Patient Name: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

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

Provider I am visiting: \_\_\_\_\_

The practitioners at Nurture Integrative Health Clinic provide courtesy insurance billing. It is up to you, the patient/representative/guardian, to determine insurance coverage. In order to ensure you are aware of your benefits we request that you go through the following procedure before your visit. If you do not have insurance coverage, payment is due in full at time of service. It is the patient's responsibility to be aware of his/her coverage, as well as any deductible and maximums. If insurance denies payment for any reason, the patient is responsible for the full balance within 30 days of receiving a bill.

Please follow the steps below to find out your 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 practitioner I want to see In-Network or a preferred provider for my insurance plan? [ ] YES [ ] NO
5. For an In-Network doctor I have \_\_\_\_\_% coverage or \$\_\_\_\_\_ co-pay.
6. Is the doctor I want to see covered as an Out-of-Network Provider? [ ] YES [ ] NO
7. For an Out-of-Network doctor I have \_\_\_\_\_% coverage or \$\_\_\_\_\_ co-pay
8. What are my benefits for the following services? \*\*\*Be sure to find out the benefits that apply to the practitioner you are seeing; there will be different benefits depending upon whether the doctor is IN or OUT of Network with your insurance company and whether your plan includes Out-of-Network benefits.

Table with 4 columns: Service Type, % Covered, Co-Pay/Co-Insurance, Year Max. Rows include Naturopathic, Acupuncture, Physical Therapy, and Massage.

9. What is my deductible for the year, and have I met any part of that deductible?
Yearly deductible \_\_\_\_\_ Amount met \_\_\_\_\_ When does it re-set? \_\_\_\_\_

10. Are any of the specialties listed above subject to deductible? [ ] YES [ ] NO
If so, which ones \_\_\_\_\_



Meeting you where you are, supporting you on your journey to wellness.

**Name of insurance 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. I have verified my insurance benefits and listed them above. I understand that insurance billing is provided as a courtesy, and that I am responsible for all claims unpaid by my insurance company. ***I agree to be billed for any amount not paid by my insurance, and will submit payment to my physician within 30 days of receiving a bill. (Payment may be made by cash, check, or credit card.)***

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**Name (Please print. Include parent / guardian name if patient is a minor)**

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**Signature (Parent or guardian if patient is a minor)**

**Date**