

HEALTH INSURANCE VERIFICATION FORM

Dr. Wendy Rogers bills insurance as a courtesy to her patients, however it is the patient's responsibility to be aware of coverage details. Patients are ultimately responsible for all charges resulting from all office visits and treatments received. This form will help you understand your insurance coverage. Please call member services for your insurance company and have the following information available for yourself and the primary insured party: name, date of birth, insurance ID and group ID.

Patient Name: _____ Date of Birth: _____

Representative: _____ Date: _____

Reference Number for Call: _____

When did my coverage begin? _____ When did my coverage end? _____

Do I have a deductible? Y N How much? _____ How much has been met? _____

Is my deductible based on: (Circle one) calendar year or fiscal year - If fiscal, start date: _____

Do I have coverage for:	Do I pay a copay or %? How much?	Do I have a maximum benefit? How much?
Naturopathic physician Y N	_____	_____
Acupuncture Y N	_____	_____
Massage Y N	_____	_____

Is the doctor or clinic "in network" or "out of network"? IN OUT

If out of network, do I have out of network benefits for naturopathic physician, acupuncture and massage? Y N

Is a naturopathic doctor considered a primary care provider (PCP) on my plan? Y N

Do I need a referral from a medical doctor or primary care provider (PCP) for naturopathic care, acupuncture or massage therapy? Y N

Do I need prior authorization for naturopathic care, acupuncture or massage therapy? Y N

Are claims for naturopathic, acupuncture or massage billed to American Specialty Health or Complementary Health Plans (CHP Group)? (Especially relevant to HealthNet and Kaiser) Y N

Is CPT code 99354 a covered service and/or will it be applied to my deductible? Y N

Can my naturopathic doctor perform my annual preventive wellness visit? Y N

What laboratory is in-network with or preferred by my insurance?

Are there any limits placed on my naturopathic physician, such as ordering labs or imaging? Please list details below and on the back of this form. Y N