

Insurance Benefit Coverage

Name _____ DOB _____

Current Address _____

SSN _____ Insurance Company _____

Insurance ID _____ Group Number _____

Because every medical plan is different, you will need to find out the details of your individual plan. This information does not guarantee coverage or payment by your insurance company. To do this, start by calling the number listed on the back of your insurance card and ask the following questions:

Today's Date: _____ Date of Eligibility: _____

Do I have medical benefits for Naturopathic Medicine? _____

What is my annual total allotment for Naturopathic Medicine? _____

Does this apply cumulatively with all alternative care? _____

What is my office co-pay/ co-insurance? _____

What is my annual deductible? _____ How much have I met so far? _____

Does lab work in our office get taken out of the total allotment? _____

What percentage of lab work is covered with a naturopathic physician? _____

Do I have an annual maximum number of visits? _____

Must my doctor be contracted with my network? _____

Do I have out of network benefits? _____

Whom am I speaking with today? _____ ID number _____

MATERNITY ONLY:

Do I have maternity coverage? _____ Does this cover home birth? _____

Does this cover a birth center? _____

If so, will birth center coverage come out of the alternative care allotment? _____

Is maternity coverage allotted separately from alternative care benefits if I choose to see an alternative care provider for maternity care? _____