

Insurance Verification Form

As a service to our patients, the Woodstock Natural Medicine provides courtesy insurance billing. However, it is the responsibility of the patient to verify the details of their insurance coverage. In order to ensure that you are aware of your insurance coverage, we ask that you complete this form prior to your initial appointment. **If you do not have insurance coverage, or have not submitted the completed insurance verification form by the time of your office visit, payment will be due at the time of service.** It is the patient's responsibility to be aware of their coverage, as well as any deductibles and maximums. If insurance denies payment for any reason, the patient is responsible for full payment within 30 days of receiving a bill. Thank you for your cooperation.

Name of Insurance: _____ Telephone #: _____

Patient Name & Date of Birth: _____

Policy Holder's Name & Date of Birth: _____

ID #: _____ Group #: _____

Plan Effective Date: Plan Year: Calendar OR Fiscal (from _____ to _____)

Deductible (In Network): \$ _____

Deductible (Out of Network): \$ _____

Out of Pocket Maximum: \$ _____

Lab work covered through my insurance plan? YES/NO

Does my deductible need to be met first for lab coverage? YES/NO

Do I need to use a specific lab for my lab work to be covered? YES/NO

Is Dr. Joanna May, Dr. Valerie Ferdinand, or Shannon Conrad an in-network provider, or out-of-network provider with my insurance plan?

Deductible must be met first? YES/NO

Patient Pays: Copay/Coinsurance %

Insurance Pays: _____ %

Maximum benefit insurance will pay:

Amount insurance has paid to date:

Maximum # of visits:

Number of visits used:

Other Notes: