

How Do I Check My Insurance Benefits?

Patient Name _____ Date of Birth _____

Insurance Company _____ ID# _____

Woodstock Natural Health Clinic will happily bill your insurance for your visit; however, it is the patient's responsibility to be aware of her/his coverage and co-pay, as well as any deductible and maximums. Please follow steps 1-9 when calling to find out 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. When did my *coverage begin and through when is it valid*?
Beginning Date of Coverage _____ **Ending Date of Coverage** _____
2. Do I need a *referral from my primary care physician (PCP)* before seeing an N.D.?
___Yes ___No
3. Is Dr. Petra Caruso, N.D. *In-Network or a Preferred Provider* with my insurance?
___Yes ___No
4. What are my *benefits* for the following services?
Naturopathic: % Covered _____ ; **Co-pay/ Co-Insurance** _____ ; **Year Max** _____
5. Is there a copay per **visit**? ___Yes ___Amount ___No
6. Are my alternative claims billed to **American Specialty Health**?
___Yes ___No
7. What is my *deductible for the year* and has any or all of it been met?
Deductible \$ _____ **Amount of Deductible met so far \$** _____ **Date** _____
Is naturopathic care **subject to this deductible**? ___Yes ___No
8. Are labs covered by my insurance? ___Yes ___No If yes, at what percentage? _____
9. What was the *name of the representative* I spoke with _____ **Date** _____

Please bring this form with you to your appointment or fax to 503-771-1660. If you have trouble getting the information you need, please feel free to call the clinic for assistance. Thanks so much!

*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 but getting it in writing helps!