

# Required Benefits Form for All Patients Using Insurance

Patient Name \_\_\_\_\_ Insurance ID# \_\_\_\_\_

Nature Cures Clinic is happy to 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. Online benefits and insurance handbooks will not give the same information as a live representative.

1. When did my *coverage begin and when is it valid thru?*

**Beginning Date of Coverage** \_\_\_\_\_ **Ending Date of Coverage** \_\_\_\_\_

Does my insurance plan follow a **Fiscal** or **Calendar** year schedule? \_\_\_\_\_

2. Do I need a *referral from my primary care physician (PCP)* for alternative services?

\_\_\_ **Yes** \_\_\_ **No**

3. Is the doctor I want to see (Dr. Greg Nigh, Dr. Greg Eckel, Dr. Rose Paisley, Dr. Erika Siegel, Dr. Hilary Costello, Dr. Arthur/Andy Swanson) **In-Network** or a **preferred provider** with my insurance?

\_\_\_ **Yes** \_\_\_ **No**

4. What are my **benefits** for the following services? *\*Be sure to find out the benefits that apply to the doctor you are seeing; there will be different benefits depending on whether the doctor is In or Out-of-Network with your insurance company and whether your plan includes Out-of-Network benefits.*

**Specialties/Procedures:**

**Naturopathic:** % Covered \_\_\_\_\_ ; Co-pay/ Co-Insurance \_\_\_\_\_ ; Year Max \_\_\_\_\_

**Acupuncture:** % Covered \_\_\_\_\_ ; Co-pay/ Co-Insurance \_\_\_\_\_ ; Year Max \_\_\_\_\_

**Physical Therapy:** % Covered \_\_\_\_\_ ; Co-pay/ Co-Insurance \_\_\_\_\_ ; Year Max \_\_\_\_\_

**Chiropractic:** % Covered \_\_\_\_\_ ; Co-pay/ Co-Insurance \_\_\_\_\_ ; Year Max \_\_\_\_\_

**Labs/Imaging** % Covered \_\_\_\_\_ when billed to an In-Network Lab.

**B12 Injections:** (CPT- 96372) Amount or % Covered \_\_\_\_\_

5. Is there a Co-pay per visit or per specialty? Please circle which one.

6. What is my **deductible for the year** and has any or all of it been met?

**Deductible \$** \_\_\_\_\_ **Amount of Deductible met so far \$** \_\_\_\_\_ **Date** \_\_\_\_\_

Are any of the specialties listed above **subject to this deductible?** \_\_\_ **Yes** \_\_\_ **No**

If so, **which specialties?** \_\_\_\_\_

8. Is My **Annual Gynecological Exam** Covered by a **Naturopathic Physician?** \_\_\_\_\_

**If so, what is the coverage?** \_\_\_\_\_

9. What was the **name of the representative** I spoke with \_\_\_\_\_ **Date** \_\_\_\_\_

**Please bring this form with you to your appointment.** 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.