

## How Do I Check My Insurance Benefits?

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

Our 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 1-6 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 when is it valid thru*?  
**Beginning Date of Coverage** \_\_\_\_\_ **Ending Date of Coverage** \_\_\_\_\_
2. Do I need a *referral from my primary care physician (PCP)* for alternative services?  
 Yes       No
3. 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.*  
**Naturopathic: % Covered** \_\_\_\_\_ **Co-pay/ Co-Insurance** \_\_\_\_\_ **Year Max** \_\_\_\_\_  
**Acupuncture: % Covered** \_\_\_\_\_ **Co-pay/ Co-Insurance** \_\_\_\_\_ **Year Max** \_\_\_\_\_
4. Are my alternative claims billed to **American Specialty Health** or **Alternare**?  
 yes     no. If yes, please circle which one.
5. What is my *deductible for the year* and has any or all of it been met?  
**Deductible \$** \_\_\_\_\_ **Amount of Deductible me so far \$** \_\_\_\_\_ **Date** \_\_\_\_\_
6. 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!