ROOT NATURAL HEALTH
Primary Care & Preventive Medicine

How Do I Verify My Insurance Benefits?

Patient Name: _____

Insurance Company: _____

Insurance ID#: _____

Root Natural Health is not contracted (in-network) with any insurance companies. Many insurance plans reimburse a portion of their member's out-of-pocket expenses at our clinic. It is the patient's responsibility to be aware of their insurance coverage, as well as any deductible and maximums. As a courtesy, the clinic will submit necessary forms to your insurance company for patient reimbursement. All fees for clinic services are due at time of service and your insurance company will reimburse based on your insurance coverage following your visit.

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. Do I have naturopathic coverage? YES ❑ NO ❑

2. Beginning date of coverage: _____ Ending date of coverage: _____

3. Do I need a referral from my primary care physician (PCP) for alternative services? YES ❑ NO ❑

5. What is the insured person's individual deductible for the year and has any or all of it been met?
Yearly Deductible: $ _____ Amount met: $ _____ When does it reset?: _____

6. Does the insured person's plan have a family deductible? YES ❑ NO ❑
Yearly Deductible: $ _____ Amount met: $ _____ When does it reset?: _____

4. What are my benefits for the following services once my yearly deductible has been met? Be sure to find out out-of-network coverage for each of the following benefits.

Service	% Covered	Co-Pay/Co-Insurance	Year Max
Naturopathic			
Acupuncture			
Physical Therapy			
Chiropractic			
Lab work/imaging			
Massage			

7. Are any of the specialties listed above subject to a deductible? YES ❑ NO ❑
If so, which specialties? _____

8. Are Annual Gynecological Exam Covered by a Naturopathic Physician? YES ❑ NO ❑
If so, what is the coverage? _____

9. Name of the insurance representative I spoke with: _____
Date: _____

Lastly, please bring this form with you to your appointment. If you have any trouble getting the information you need, please feel free to call the clinic for assistance.

***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.**