

5 Insurance Verification Form

Insurance Verification Form

This questionnaire was created for your protection. The insurance is VASTLY different in the alternative medical model than the traditional medical model.

Should you choose to not complete this questionnaire, know that you will be moving forward at your own risk of insurance denial.

This document was created for the sole purpose of you, the patient, as a protection against insurance false denials. If this document is completed appropriately (with a phone call to your insurance) and you are told you have coverage, receive a call reference number, the representative's name, and the answers they provided to each question, you will be able to appeal any denial that is within your coverage as it was told you the day you called. Without this document fully completed, know that you will have nothing to fall back on in the event of insurance denials.

It is your responsibility to know your insurance PRIOR to your first appointment. You should not go off of prior history with other visits that you have had before as insurance reimbursement is determined based off of both your benefits and the credentialing contract of the Practitioner you will see. YOU ALSO SHOULD NOT GO OFF OF INFORMATION OBTAINED FROM A WEBSITE. Please call your insurance as soon as possible to obtain answers to the following questions, ESPECIALLY a call reference number. Completion of this questionnaire is verification by you THAT YOU HAVE CALLED. Please do not fill the questionnaire out based off of what you think, off of prior visits with other physicians, or based off of what you see on a website. Please have this questionnaire open while you're on your call. Please refer to the Office & Financial Policy Questionnaire for further information.

I understand that with this document I am protected as I will have documented proof of my conversation with

I understand and will complete/have completed the form

I understand and wish to move forward without the form completed, knowing the risks.



my insurance company, complete with a call reference number to fall back on. I know that in the event of a denial I can call my insurance company and demand payment if I have a call reference number, name of the representative I spoke with, and answers as they were provided to me by him/her. I know that I can say, "I called on ___ date, I spoke to ____, the call reference number is ____: I know you record your phone calls, you can look it up. I was told that I have coverage and that Dr. ____ is a ___ provider under my plan. I would have never seen this doctor had I not received this information from your office. You WILL be paying this claim."

I know that without this form completed, I will be moving forward at my own risk of insurance denials. In the event of any denials, I will be on my own to appeal with zero assurance that my insurance will reimburse for services. *

Did you contact your insurance company by PHONE CALL today? * [] Yes [] No

Insurance Company Name: * _____

Telephone number you called today: * _____

Date of call: * _____

Time of day you called: * _____

My insurance ID Number. Some have a series of letters in front of a series of numbers. Please include all letters and numbers. You will find the ID number on your insurance card. * _____

My insurance Group Number if Applicable: * _____

Insurance Representative's First Name and LAST INITIAL? * _____

Insurance Representative's Badge or ID Number: * _____

Call reference number? (Ask the representative specifically, "What is the call reference number for this phone call?") * _____

Is my plan an HMO or PPO plan? What is my plan type? * [] HMO [] Core [] Others _____ [] PPO

Do I have Naturopathic coverage? (Please Note: if you DO NOT have coverage, you will be subject to our at-time-of-service cash price)

Yes No

Under my plan are Naturopathic Physicians considered Primary Care Providers or Specialist? *

Primary Care Provider Specialist
 Others _____

Do I need a referral from my primary care physician to see a Naturopathic Doctor? *

Yes No
 Representative couldn't tell me
 Others _____

Do I need to have a pre-authorization on file with my insurance to see a Naturopathic Doctor? *

Yes No
 Representative couldn't tell me
 Others _____

If my plan is HMO, do I have the ability to self refer myself to see a Naturopathic Doctor? *

Yes No
 Representative couldn't tell me
 Others _____

Do I have a limited amount of visits, or dollar amount per year for Naturopathic coverage? *

Limited Visits Dollar Amount
 Both
 Others _____

If limited visits, how many do I have? * _____

If limited visits, how many of my visits have I used? * _____

Are there any other limits to my Naturopathic coverage? (limited to amount of times I can be seen for the same ailment, etc?) *

Yes No
 Representative couldn't tell me
 Others _____

Is Dr. Cy Fisher considered an in-network or out-of-network provider under my plan? (Please note: if doctor is in network, that does not mean you have coverage. See coverage question above. If doctor is out of network you have two options: (1) Check out of network naturopathic benefits for our third party biller to send claims on your behalf or (2) pay our at time of service discounted rate) *

In-network Provider Out-of-Network Provider

What is my co-payment amount or co-insurance percentage? * _____

What is my deductible amount for the year? * _____

Has my deductible been met? * Yes No

If a portion of my deductible has been met, how much has been met? * _____

Do I have out of pocket expense on top of my deductible amount? * Yes No

If so, what is the dollar amount of my out of pocket expense? _____

On what date does my deductible reset? *

Does my insurance cover if a Naturopathic Doctor orders blood work from labs, x-rays, CT scans, MRI, Ultrasounds, or other services? *

Yes No

If yes, what services?

If not, why? (out-of-network, etc?) *

Is there a separate deductible for labs and/or radiology or other imaging services? *

Yes No

If so, what is the separate deductible amount?

Are laboratory benefits limited to a specific lab/s?

Yes No

If so, which lab/s do I need to use?

Is manual therapy (procedure code 97140) covered under my plan if performed by a Naturopathic Doctor? *

Yes No
 Representative couldn't tell me
 Others _____

Are extended billing codes (procedure code 99354) covered under my plan if performed by a Naturopathic Doctor? *

Yes No
 Representative couldn't tell me
 Others _____

Is Osteopathic Manipulation (procedure codes 98925, 98926, 98927) covered under my plan if performed by a Naturopathic Doctor? *

Yes No
 Representative couldn't tell me
 Others _____

If yes, am I limited to the number of visits?

Yes No

How many visits do I have? How many visits have I used? *



Are phone consultations covered under my plan (tele-
medical visits; procedure codes 99441, 99442, 99443) if performed by a Naturopathic Doctor? *

Yes No
 Representative couldn't tell me
 Others _____

Is there a list of preferred pharmacies that I should use based on my pharmacy/prescription benefits? *

Yes No

If so, where can I find it?

PATIENT SIGNATURE : _____