

## **Insurance Verification and Benefits**

In-network status varies by provider at Sage Integrative Medicine Clinic, your insurance company can verify your provider's status when you call. Please be aware though that specific policy vary in their coverage of naturopathic medicine regardless of the provider's net-work status.

*Sage Integrative Medicine Clinic will try to be familiar with your insurance coverage so we can provide you with covered care. However, there are so many different insurance plans that it's not possible for your doctor to know the specific details of each plan and cannot be responsible for benefit determination.*

***It is important to verify your coverage prior to your first appointment.***

Here are some important questions to ask when calling to verify your benefits. Please bring this completed form to your first appointment.

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ DOB \_\_\_\_\_

ID #: \_\_\_\_\_

Date called \_\_\_\_\_ Insurance Rep's name \_\_\_\_\_

Provider \_\_\_\_\_ are they in my net-work? **YES/NO**

***Does my plan cover services performed by a Naturopathic Physician (ND)? YES/NO***

***Do I have any exclusions to naturopathic services?*** \_\_\_\_\_

What is my yearly deductible: \_\_\_\_\_

Has my deductible been met for the year? **YES/NO** if no how much is remaining \_\_\_\_\_

What is my copay amount? \_\_\_\_\_

What is my coinsurance amount? (The % of each visit you are responsible for) \_\_\_\_\_

Is there a limit on the number of naturopathic visits per year? **YES/NO** What is the limit? \_\_\_\_\_

Do I need a referral/pre-Authorization from my PCP for naturopathic services to be covered? **YES/NO** \_\_\_\_\_

What are my ***Physical Therapy Benefits?***

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Do I need a Pre-Authorization? **YES/NO** Are there any exclusions? \_\_\_\_\_

What are my ***Acupuncture Benefits?***

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Do I need a Pre-Authorization? **YES/NO** Are there any exclusions? \_\_\_\_\_

***There are no guarantees of these benefits and final determination of payment is made by your insurance company when the actual claim is received. Any benefit level appeals must be made by the patient.***