

Verifying Benefits Before Your Visit

Information You'll Need

1. Patient's name, Date of Birth, Policy number, group number, Social Security #
2. Name of Insured, their DOB, and Social Security #
3. Insurance Company name & phone #

Making the Call

1. Note the name of person speaking with, time, and date of conversation

Name of representative: _____

Time and date of conversation: _____

2. Question checklist

Dr. Krumbeck and Dr. Featherman are naturopathic physicians.

Dr. Krumbeck's NPI is #1780938118.

Dr. Featherman's NPI is 1336702802.

Does this plan cover naturopathic physicians? _____

Are naturopathic physicians in-network? _____

If naturopathic physicians are out-of-network, what percentage of the claim is covered? _____

- Where are claims sent?

Name of Company _____

Address _____

City, State Zip _____

- Do you need a doctor's referral? yes no

- What is your deductible and how much of it has been met?

Deductible \$ _____

Amount met in current calendar year \$ _____

- What is your calendar year? Begins in _____