

# 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

**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 \_\_\_\_\_