Insurance Information

To expedite payment for your Naturopathic Medical visit, please acquire *all* of the following information about your medical benefit from your insurance carrier.

Patient Name:	DOB
Current Address:	
SSN:	_ Company/ Plan Name:
Insurance I.D. #:	Group #:
• 1	ifferent, you will need to find out the details of your t by calling the number on the back of your card and
Today's Date:	Date of Eligibility:
Do I have medical benefits for N	Vaturopathic Medicine?
What is my office visit Co-Pay/	Co-Insurance Percentage?
What is my annual deductable?_	
Does this apply cumulatively wi	th all alternative care (chiro, acupuncture?)
How much of my deductable hav	ve I met so far?
Do I have an annual maximum o	or max # of visits?
Must my doctor be contracted w	ith your network?
Do I have Out-of-Network benef	fits?
Who am I speaking to today?	I.D. Number:

This information does not guarantee coverage or payment by your insurance company.