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Insurance Questionnaire Form

We look forward to meeting you! Please call your insurance company (the number is located on your insurance card), confirm your health insurance benefits for naturopathic medicine and complete the following form prior to your appointment:

Date of call _____ **Name of Representative with whom you spoke:** _____
_____/_____/_____

Effective Date of Coverage _____ **Yearly Deductible** \$ _____ **Amount of deductible used to date** \$ _____
_____/_____/_____

Naturopathic coverage _____ **Copay amount** \$ _____ **Number of visits allowed** _____
% covered _____

Do you need a referral? Yes/No

Is an Annual Physical a covered benefit? Yes/No*

*If your insurance requires prior authorization, please obtain this before your appointment.

Does your insurance require you to choose a Primary Care Provider?

Yes/No If yes, whom did you choose? _____

Extended visit codes. There are instances when the visit goes over the allotted time by 15minutes or more. We will bill an extended visit code which may or may not be covered by insurance. Please be aware that this may happen and you may be responsible for the extended visit fee.

Please bring this completed form along with your health insurance card and completed new patient forms to your appointment.

It is the patient's responsibility to record the number of benefits used throughout your treatment with the doctors. Should this form not be completed before you visit, you, the patient, assume all responsibility for the charges and knowledge of benefits in all forthcoming visits.

Thank you,
Shannon Hirst, ND

Patient Signature: _____ **Date:** _____