



2020 Insurance Benefits Verification

Date _____

Name of representative I am speaking with: _____

Call Reference #

Beginning date of coverage:

Ending date of coverage:

Does my insurance cover naturopathic doctors? Yes No

Does my insurance cover acupuncture?

Is Deep Roots Family Medicine/George (Luke) Yes No

Gonzales/Samantha Evans-Rayack/Julie Glass/Camella Potter/Tammy Anderson a covered provider under my plan?

Do I need a referral or pre-authorization from my primary care physician to see a naturopathic doctor? Yes No

Acupuncturist? Yes No

Will my insurance allow one of the naturopathic doctors (NDs) at this clinic to be my primary care

What is my co-pay or co-insurance for office visits?



What is my co-pay or co-insurance for lab work?

Four horizontal lines for text entry.

What is my co-pay or co-insurance for Acupuncture?

One horizontal line for text entry.

What is my yearly maximum for naturopathic office visits?

Four horizontal lines for text entry.

What is my yearly maximum for acupuncture treatments?

Four horizontal lines for text entry.

What is my yearly maximum for naturopathic lab work/diagnostic imaging?

Two checkboxes labeled 'Yes' and 'No'.

OR combined services?

One horizontal line for text entry.

Do I have an annual deductible?

Two checkboxes labeled 'Yes' and 'No'.

If so, how much of the deductible has been met so far?

Four horizontal lines for text entry.

Is my deductible based on a calendar year? Other?

Four horizontal lines for text entry.

Are office visits or labs subject to my deductible? *

Two checkboxes labeled 'Yes' and 'No'.

Is Quest a preferred lab? *

Four horizontal lines for text entry.



Are there other preferred labs under my insurance?
