



## Insurance Benefits Verification

Date	<div></div>
Name of representative I am speaking with:	<div></div>
Call Reference #	<div></div>
Beginning date of coverage:	<div></div>
Ending date of coverage:	<div></div>
Does my insurance cover naturopathic doctors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Camella (Mia) Potter at Nurture Health Clinic or Grow Integrative Health covered under my plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I need a referral or pre-authorization from my primary care physician to see a naturopathic doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will my insurance allow one of the naturopathic doctors (NDs) at this clinic to be my primary care	<div></div>
What is my co-pay or co-insurance for office visits?	<div></div>
What is my co-pay or co-insurance for lab work?	<div></div>
What is my yearly maximum for naturopathic office visits?	<div></div>
What is my yearly maximum for naturopathic lab work/diagnostic imaging?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Do I have an annual deductible?

☐ Yes ☐ No

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

Is my deductible based on a calendar year? Other?

Are office visits or labs subject to my deductible? \*

☐ Yes ☐ No

Is Quest a preferred lab? \*

Are there other preferred labs under my insurance?