

INSURANCE BENEFITS CHECKLIST

This form needs to be returned to our office via email, fax or USPS prior to your first visit.
Fax: 603.294.1130, Email: info@SummitHolisticMedicine.com

Patient Name: _____
Insurance Company: _____
Insurance ID# _____

Our office will happily provide you with a reimbursement form to submit to your insurance carrier. It is the patient's responsibility to be aware of his/her coverage as well as any deductible and maximums. Please follow steps 1-5 when calling to find out benefits and eligibility. First, call the number on your insurance card listed for customer service, benefits and eligibility, or subscriber services and ask the representative the following questions:

1. When did my coverage begin and when is it valid through?
Beginning date of coverage:_____ Ending date of coverage:_____

2. Do I need a referral from my primary care physician (PCP) for naturopathic services?
(Naturopathic services may be included within or listed as "alternative services")
___Yes ___No

3. What are my benefits for naturopathic services?
Covered %: _____ CoPay: \$_____ or CoInsurance %:_____ Year Max:_____

What are my benefits for acupuncture services? (if applicable)
Covered %: _____ CoPay: \$_____ or CoInsurance %:_____ Year Max_____

What are my benefits for therapy services? (if applicable)
Covered %: _____ CoPay: \$_____ or CoInsurance %:_____ Year Max:_____

*** Note: Please make sure to ask "Are there any exclusions under my plan and if so, what are these exclusions?" ***

4. What is my deductible for the year and has any or all of it been met?
Deductible \$ _____ Deductible met so far \$ _____ Date:_____

5. What was the name of the representative I spoke with: _____ Date: _____

I _____ filled out the above with the help of an insurance professional and the information is accurate the best of my ability:

Patient or Legal Guardian's Signature

Please Print Name

Date

*Please send in this COMPLETED form prior to your first appointment.
If you have trouble getting this information please contact us at Summit Holistic Medicine, (603) 499-4598