

INSURANCE VERIFICATION FORM

Patient Name _____ **Date of birth** _____

Benefits and Eligibility

Name of Representative you spoke with: _____ TODAY'S Date: _____

Primary Insured's name: _____ Primary Insured's date of birth: _____

Date your policy is eligible: _____ to: _____

Is Natural Elements Medicine/Dr. Zia L. Robles Hernandez:

_____ in-network _____ out of network _____ not included in benefits

If DR. ZIA IS OUT OF NETWORK:

Are out of network naturopathic physicians covered? _____ Yes _____ No

Deductible amount \$ _____ Amount met as of today's date \$ _____

Is my plan Calendar or Plan year? _____

Copay or Coinsurance? _____ Amount (\$ or %) _____

Does deductible apply to office visits? _____ Yes/ _____ No

Does deductible apply to labs/imaging? _____ Yes/ _____ No

Can a naturopathic doctor order labs/imaging? _____ Yes _____ No

Can a naturopathic doctor perform annual physical exams/preventative visits/ Gyn Exams? _____

Preferred labs: _____ Samaritan / _____ Quest/ _____ Labcorps/ _____ Other _____

Is Dr. Zia considered a Primary Care OR Specialist in my policy? _____

Are telemedicine office visits covered? _____ Are telephone consults covered? _____

Do I need a referral from m PCP for naturopathic services? _____ Yes _____ No

Acknowledgement of assignment of insurance benefits:

I understand that benefit verification is not a guarantee of coverage by my insurance company, and that I am financially responsible for all services rendered by Natural Elements Medicine. I also understand that out of network insurance billing services provided on my behalf are performed on a courtesy and can be discontinued by myself or Natural Elements Medicine with written notice at any time. I authorize release of information in my medical history to my insurance company and assign all benefits for services to Natural Elements Medicine. A photocopy of this authorization shall be considered as effective as the original. Assignment will remain in effect until revoked by me in writing.

Signature _____ **Date** _____

Must be signed to be valid