



## How to Check Your Insurance Benefits

We require all patients to call their insurance company before their first visit to verify coverage for naturopathic services. ***We will accept and bill insurance only AFTER obtaining verification of coverage for naturopathic services AND after you've met your deductible. Your co-pay, labs and medicinal items must be paid for at the time of your appointment for each office call.***

Remember to call your insurance company at least 24 hrs in advance of your appointment. Call the customer service number on the back of your insurance card. Ask for benefits/eligibility. Tell the phone representative you're calling to check on your personal insurance benefits. Then ask the following:

**Do I have coverage for naturopathic services** Yes/No

*(Many insurance companies cover alternative medicine, but that does not always include naturopathic physicians)*

**Is the following practitioner in-network with my plan:**

**Marlane Bassett ND**

**Do I have out-of-network benefits?** Yes/No

*You only need to ask this if the practitioner you want to see is NOT in network.*

**Do I have a deductible to meet first, in regard to this service?** Yes/No

**How much is it?** \$ \_\_\_\_\_

**How much of my deductible do I still have to meet this year?** \$ \_\_\_\_\_

*This is the amount you will pay out-of-pocket this year before services are covered. The amount is renewed each year.*

**What is the date my insurance policy renews each year?** \_\_\_\_\_

**What is my co-pay or co-insurance?** \_\_\_\_\_

*If you have a deductible, this must be met before the co-pay applies.*

**Is a referral required from my primary care physician? Any other pre-authorization required?** Yes/No

**Do I have a maximum number of visits, or a maximum dollar amount for this service each year?**

**Is Dr. Bassett covered to perform blood draws and labs at our clinic?** Yes/No

**Is there a separate co-pay and/or deductible for lab work?**

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Write down the FULL name of the representative that assisted you:

\_\_\_\_\_

His/Her direct phone number: \_\_\_\_\_

Date/Time called: \_\_\_\_\_

As always, we are happy to assist you. Please contact at us at 503-235-2120 or [vitaliahealth@gmail.com](mailto:vitaliahealth@gmail.com)