



Amy Nelson, ND
 955 Carrillo Dr. Suite #105
 Los Angeles, CA 90048
 Phone: 323.470.0511
 www.AmyNelsonND.com

HOW DO I VERIFY MY INSURANCE BENEFITS?

Subscriber Name: _____

Patient Name: _____

Insurance Company: _____

Insurance ID#: _____

Group ID#: _____

Provider: Amy Nelson, ND

At this time, Amy Nelson, ND provides courtesy insurance billing. This means that you, the patient/representative/guardian, must determine insurance coverage. In order to ensure you are aware of your benefits, you must go through the following procedure before our visit. If you do not have insurance coverage, payment is due in full at the time of service. It is the patient's responsibility to be aware of his/her coverage, as well as any deductible and maximums. If insurance denies payment for any reason, the patient is responsible for the full balance within 30 days of receiving a bill.

The following is a worksheet to help you determine coverage. Please follow the steps below to find out your benefits and eligibility.

First, call the number listed on your insurance card listed for customer service, benefits and eligibility, or subscriber services and ask the representative the following questions:

1. Do I have naturopathic coverage? YES / NO
2. Beginning date of coverage: _____ Ending date of coverage: _____
3. Do I need a referral from my primary care physician (PCP) for alternative services? YES / NO
4. Is the Amy Nelson, ND *In-Network* or a preferred provider for my insurance plan? YES / NO
5. For an In-Network practitioner I have _____% coverage or \$_____ co-pay.
6. Is the practitioner I want to see covered as *Out-of-Network* provider? YES / NO
7. For an Out-of-Network practitioner I have _____% coverage or \$_____ co-pay.
8. What are my benefits for the following services? Be sure to understand the difference in coverage based on whether Dr. Nelson is considered In-Network or Out-of-Network.
 Naturopathic: % Covered: _____ Co-Pay/Co-Insurance _____ Year Max _____
9. What is my deductible for the year, and have I met any part of that deductible?
 Yearly deductible: _____ Amount met: _____ When does it re-set? _____
10. Is naturopathic coverage subjected to the deductible: YES / NO
11. Name of representative with whom I spoke: _____ Date: ____/____/_____