

Dr. Amy Wells
5470 Shilshole Ave NW #300
Seattle, WA 98107
206-632-2154

VERIFYING YOUR INSURANCE BENEFITS

Patient name: _____ Date: _____

It is up to you, the patient/representative/guardian, to determine insurance benefits as well as any deductibles and maximums. Knowing your insurance benefits gives you greater awareness of your out of pocket expenses as well as your healthcare choices. In order to ensure you are aware of your benefits, we request you go through the following procedure before your visit.

Please note: If your insurance plan is not based in Washington State there is a high likelihood that naturopathic services ARE NOT covered. We strongly suggest you check benefits if this is the case.

Choose one:

- I have verified my insurance benefits and listed them below. I am aware that this does not guarantee payment.
- I have chosen not to verify my insurance benefits. I am aware I am responsible for all costs from my visits with Dr. Amy Wells, even if my insurance company is billed directly.

Printed name (Parent/guardian name is patient is a minor)

Signature (parent/guardian if patient is a minor)

**To verify your benefits, call the customer/subscriber services number on your insurance card.
Online verification of benefits does not always yield a full picture of your naturopathic coverage.**

Insurance company: _____ Your ID#: _____

Name of insurance representative: _____ Date: _____

1. Effective date of policy: _____ (if applicable, end date of coverage: _____)
2. Is Dr. Amy Wells an in-network provider with my plan? Yes / No
3. What is my deductible for the year, and have I met any part of that deductible?
Deductible: \$ _____ Amount met: _____ Reset date: _____
4. Do I have benefits for an office visit with a naturopathic physician (ND)? Yes / No
If yes, I have _____ % coverage and/or a \$ _____ copay
5. Do I need a referral from my primary care physician (PCP) to see an ND? Yes / No
6. Do I have benefits for manual therapy (procedure code 97140) from an ND? Yes / No
7. Is there a limit to the number of visits I am able to have with an ND? Yes / No
If yes, that limit is _____
8. Is there a limit to the number of times a diagnosis code can be used by an ND? Yes / No
If yes, that limit is _____ times for these codes: _____
9. Is there a limit to the type of diagnosis codes an ND can provide? Yes / No
If yes, that limit is _____
10. Do I have benefits for laboratory services? Yes / No
11. Do laboratory services count toward my deductible? Yes / No