



Insurance Verification Form

It is important to note that individual health insurance plans do vary. We advise that you know the full extent of your health benefits before arriving for your first treatment. You can call the number located on the back of your insurance ID card to find out about your Naturopathic and Acupuncture benefits. As a service, we bill most insurance carriers directly, but do not bill Out of Network carriers.

Ask to whom you are speaking with. This is important in the case that there are any problems with coverage.

Time: _____ Date: _____ Rep Name: _____ Reference #: _____

Patient Name: _____ Date of Birth: _____

Subscriber/Primary Name: _____ Date of Birth: _____

Name of Insurance company: _____

Claims Address: _____

City: _____ State: _____ Zip: _____

Insurance ID #: _____ Group or Policy #: _____

Effective Date: _____ Plan Year: _____ or Calendar Year

Naturopathic: Please ask if your naturopathic doctor is considered a primary care provider (PCP). This is important as ND's are licensed primary care providers in the state of Washington, however, some insurance companies may not cover them as primary care providers (PCPs).

Yes No if No, is the doctor considered a specialist or part of an alternative care benefit. Yes No

Specialist Copay: \$ _____ Co Insurance _____ Alt. Care Benefit Amount: \$ _____

Ask if your naturopathic doctor can perform your annual physical or wellness exam: Yes No

Acupuncture & Chinese Medicine:

Ask if your plan covers Acupuncture: Yes No

Ask if the provider that you want to see is on your plan (In Network):

Dr. Melanie Green, ND NPI #: 1891195574

Joshua Green L.Ac NPI #: 1295018208

Deductible:

Deductible: \$ _____ Met: \$ _____

Does deductible apply to (circle all that apply): Naturopathic / Acupuncture

CoPay / Coinsurance:

Naturopathic Coverage: Yes No Copay: \$_____ Co Insurance:_____

Acupuncture Coverage: Yes No Copay: \$_____ Co Insurance:_____

ORDERED:

Ask if your policy covers the following if ordered by:

Naturopathic Physician: Lab / Imaging / X-Rays / MRI's / Cat Scans / Ultrasounds

Labs & Radiology Deductible: Yes No If yes: \$_____ Used: \$_____

VISIT LIMITS, MAXIMUMS & COMBINED BENEFITS

Ask if you have a visit limit, \$ maximum allowed, and if your maximum allowed is a combined benefit for the following services.

Acupuncture: Visit Limits or Dollar Maximum: Yes No Is this a Combined Benefit: Yes No

If yes: # of visits allotted or Dollar Maximum: \$_____ Used: \$_____

Is there a limit on CPT codes: 97811, 97814, 97140, 97214 Notes:

PRIOR AUTHORIZATION & REFERRALS (circle all that apply)

Ask if you need a referral from a medical doctor (MD) or primary care provider (PCP), for the following services.

Naturopathic: Referral Required / Pre Authorization Required

Acupuncture: Referral Required / Pre Authorization Required

At Sacred Root Medicine, our main concern is your health and well-being. If you have questions or concerns, please call (425) 256-7798 or email hello@sacredrootmedicine.com. We will do our best to assist you in any way that we can.