

### BASIC HEALTH INSURANCE QUESTIONNAIRE

This form is designed to help you find out from your insurance company whether you have any kind of coverage for Naturopathic care or other holistic medical services. My office is not set up to bill your insurance company, however, if you have a policy that covers Naturopathic care, I can give you a receipt with the information your insurance company needs so that you can submit it to them. It is important that you understand that insurance policies are an arrangement between you and your insurance company. You are personally responsible for all charges incurred in this office.

**Please fill out the information and provide me a copy of this form if you would like me to provide you a Superbill.**

Name of Insured \_\_\_\_\_  
Insurance \_\_\_\_\_ Policy number: \_\_\_\_\_  
Type of insurance: PPO, HMO, Flexible spending account, Health Savings Account

**Please call your insurance company and ask the following questions:**

Does my policy have coverage for alternative health care for any of the following: Naturopathic medicine, acupuncture, chiropractic, massage therapy? Yes No

If yes, does my policy have a coverage limit for each service separately? \_\_\_\_\_

1. Does my policy have coverage for an out of network naturopathic doctor? Yes No  
If yes specify: \_\_\_\_\_  
% of coverage \_\_\_\_\_ / Number of visits per year \_\_\_\_\_  
Maximum \$ amount allowed per year \_\_\_\_\_
2. Does my policy have coverage for an out of network acupuncturist? Yes No  
If yes specify: \_\_\_\_\_  
% of coverage \_\_\_\_\_ / Number of visits per year \_\_\_\_\_  
Maximum \$ amount allowed per year \_\_\_\_\_
3. Does my policy also include coverage for:

Manual physical therapy?	Yes	No	Therapeutic Exercise?	Yes	No
Office visits?	Yes	No	Examinations?	Yes	No
Prescribed Supplements?	Yes	No	Prescription drugs?	Yes	No
Labs ordered by Naturopathic doctor?	Yes	No			
Imaging studies ordered by a Naturopathic doctor?	Yes	No			
4. What is my deductible? \_\_\_\_\_ Is it yearly? Yes No
5. Has my deductible been paid for this year? Yes No
6. What is the effective date of my policy? \_\_\_\_\_
7. Do I need a referral for an out of network Naturopathic doctor? Yes No  
If yes, from whom? \_\_\_\_\_
8. Do I need a referral for an out of network acupuncturist? Yes No  
If yes, from whom? \_\_\_\_\_
9. Does the plan require pre-authorizing from the insurance company? Yes No
10. What are the address, phone, and fax number that the bills must be sent to?  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date you called: \_\_\_\_\_ Person you spoke with: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_