

How To Check Your Medical Benefits

Name _____

Insurance Company _____

Member ID _____ Group _____

Every medical plan is different, it is always best for patients to verify their own benefits. This information does not guarantee coverage or payment by your insurance company. To check your benefits, start by calling the number listed on the back of your insurance card and ask the following questions:

When did my coverage begin?: _____ Today's Date: _____

1. Do I have a deductible? \$ _____ How much have a met so far? _____
2. What is my out of pocket maximum? \$ _____ How much have a met so far? _____
3. Is the practitioner I want to see In-Network or a preferred provider with my insurance company?
4. Do I need a referral from my primary care physician (PCP) for alternative services? _____
If yes, you will need to obtains an authorization prior to seeing practitioners of Kwan-Yin Healing Arts Center.
(This is the case for any Kaiser Patient without CHP benefits)
5. Do I have medical benefits for **Naturopathic Medicine (ND)**? _____
What is my office co-pay/co-insurance? _____ Is it subject to my deductible? _____
Is there a visit limit or benefit maximum? _____ How much have I met? _____
6. Do I have medical benefits for **Acupuncture (LAc)**? _____
What is my office co-pay/co-insurance? _____ Is it subject to my deductible? _____
Is there a visit limit or benefit maximum? _____ How much have I met? _____
7. Do I have medical benefits for **Chiropractic Medicine (DC)** _____
What is my office co-pay/co-insurance? _____ Is it subject to my deductible? _____
Is there a visit limit or benefit maximum? _____ How much have I met? _____
8. Do I have medical benefits for **Physical Therapy (PT)** _____
What is my office co-pay/co-insurance? _____ Is it subject to my deductible? _____
Is there a visit limit or benefit maximum? _____ How much have I met? _____
9. What percentage of **lab work and imaging** is covered? _____
10. Do I have out of network benefits? _____

Name of representative I spoke with: _____ Reference # for the call: _____