

**Dr. Katy Morrison, ND LAC**  
**Insurance Coverage Questionnaire for Patients**

**DOES MY INSURANCE COVER OUT-OF-NETWORK PROVIDERS?**

Dr. Morrison can bill your insurance for acupuncture and naturopathic services as an *out-of-network provider*. **This form will help you determine whether your insurance plan will cover acupuncture and/or naturopathic care as out-of-network services.** If you request that we bill your insurance for acupuncture or naturopathic services, we require that you contact your insurance company, get answers to the very specific questions listed below, and return the completed form along with a copy of your insurance card to the front desk at Camden Whole Health. **Getting clear on this information prior to your visit will prevent unexpected bills in the future.**

**FILL THIS PART OUT BEFORE YOU CALL YOUR INSURANCE COMPANY**

<b>Name</b> ( <i>First, Last</i> )	
<b>Employer</b> ( <i>if your plan is provided by your employer</i> )	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Insurance Company</b>	
<b>Policy Number</b>	
<b>Group Number</b>	

**IF DIFFERENT FROM ABOVE**

*(i.e. if you are calling on behalf of your child or spouse)*

<b>Name of Insured Party</b>	
<b>Date of Birth of Insured Party</b>	

**WHEN YOU SPEAK TO AN INSURANCE REPRESENTATIVE, GET THIS INFORMATION FIRST**

<b>Date/Time of phone call</b>	
<b>Name or ID number of Insurance representative</b>	

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## ACUPUNCTURE COVERAGE: QUESTIONS TO ASK

*Complete this form if you are inquiring about out-of-network coverage for acupuncture.*

<b>Does my policy cover out-of-network acupuncture performed by licensed acupuncturists? (Circle One)</b>	Yes (if yes, see next question) No (If no, we will not be able to bill acupuncture for you)
<b>What is my allowable amount for the following codes?</b>	97810 \$ _____ 97811 \$ _____
<b>How much is my deductible?</b>	_____
<b>Has my deductible been met? (Circle One)</b>	Yes No (if no, see next question)
<b>How much of it has been met?</b>	\$ _____
<b>How many acupuncture visits are allowed each year?</b>	# _____ per year
<b>Are there specific diagnostic codes (ICD-10 Codes) that my policy WILL cover for acupuncture?</b>	Please List:
<b>Are there specific diagnostic codes (ICD-10 Codes) that my policy WON'T cover for acupuncture?</b>	Please list:
<b>Is there a maximum annual acupuncture dollar amount that I CANNOT exceed?</b>	\$ _____
<b>Does my policy require a referral for acupuncture to be covered?</b>	_____
<b>Do I have a co-pay, and if so, how much is it? (Circle one)</b>	Yes (Amount \$ _____) No
<b>What percentage does the insurance pay?</b>	% _____

**At the end of your call, ask your insurance representative for the call ID number:**

Call ID # \_\_\_\_\_

Please bring this completed form to the front desk staff at Camden Whole Health.

## NATUROPATHIC COVERAGE: QUESTIONS TO ASK

*Complete this form if you are inquiring about out-of-network coverage for naturopathic care.*

<b>Does my policy cover out-of-network naturopathic services provided by licensed naturopathic doctors?</b> <i>(Circle One)</i>	Yes (if yes, see next question) No (If no, we will not be able to bill naturopathic services for you)
<b>What is my allowable amount for the following codes?</b>	99201 to 99205 \$ _____ 99211 to 99215 \$ _____
<b>How much is my deductible?</b>	
<b>Has my deductible been met?</b> <i>(Circle One)</i>	Yes No (if no, see next question)
<b>How much of it has been met?</b>	\$ _____
<b>How many naturopathic visits are allowed each year?</b>	# _____ per year
<b>Are there specific diagnostic codes (ICD-10 Codes) that my policy WILL cover for naturopathic care?</b>	Please List:
<b>Are there specific diagnostic codes (ICD-10 Codes) that my policy WON'T cover for naturopathic care?</b>	Please list:
<b>Is there a maximum annual naturopathic dollar amount that I CANNOT exceed?</b>	\$ _____
<b>Does my policy require a referral for naturopathic services to be covered?</b>	
<b>Do I have a co-pay, and if so, how much is it?</b> <i>(Circle one)</i>	Yes (Amount \$ _____) No
<b>What percentage does the insurance pay?</b>	% _____

**At the end of your call, ask your insurance representative for the call ID number:**

Call ID # \_\_\_\_\_

Please bring this completed form to the front desk staff at Camden Whole Health.