

# Portland Dental and Naturopathic Clinic

## Determining Health Insurance Eligibility

Portland Dental and Naturopathic Clinic provides billing services for their patients. Before billing can take place patient eligibility must be clarified. It is the patients responsibility to be informed as to their coverage, co-pay, and deductible.

Questions to ask your insurance company:

First, Call the number on your insurance card listed for customer service, benefits and eligibility, or subscriber services and ask the representative the following questions:

1. What was the name of the representative I spoke with \_\_\_\_\_ Date \_\_\_\_\_

2. When did my coverage begin and when is it valid thru?

Beginning Date of Coverage \_\_\_\_\_ Ending Date of Coverage \_\_\_\_\_

Does my insurance plan follow a Fiscal or Calendar year schedule? \_\_\_\_\_

3. Do I need a referral from my primary care physician (PCP) for alternative services?  
\_\_\_ Yes \_\_\_ No

4. Is the doctor I want to see (Dr. Azizi) In-Network or a preferred provider with my insurance?  
\_\_\_ Yes \_\_\_ No

5. What are my benefits for the following services? Be sure to find out the benefits that apply to the doctor you are seeing; there will be different benefits depending on whether the doctor is In or Out-of-Network with your insurance company and whether your plan includes Out-of-Network benefits.

Specialties:

Naturopathic: % Covered \_\_\_\_\_; Co-pay/ Co-Insurance \_\_\_\_\_; Year Max \_\_\_\_\_

Acupuncture: % Covered \_\_\_\_\_; Co-pay/ Co-Insurance \_\_\_\_\_; Year Max \_\_\_\_\_

6. Are Labs covered? Is there a preferred lab?

7. Is there co-pay per visit or per specialty? Please circle which one.

8. What is my deductible for the year and has any or all of it been met?  
Deductible \$ \_\_\_\_\_ Amount of Deductible met so far \$ \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed the above information and understand that services rendered are my responsibility. If there are services not covered by my insurance company I am responsible for payment of those charges. Please give the office a call in regard to any question you might have.

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Patient Signature or Guardian if patient is a minor

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Date