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HOW DO I VERIFY MY INSURANCE BENEFITS?

Patient Name: _____ **Insurance Company:** _____
Insurance ID#: _____

We do not bill patient's insurance carriers. Currently, you may be able to have your care covered through the use of a Health Savings Account (HSA) or a flexible spending account. Check with your employer to determine if one of these options are available to you. Since naturopathic doctors are primary care providers (PCPs) in the state of California, this allows the NDs to order labs, imaging, and make diagnoses. As a PCP, Dr. Potter should be covered by a PPO insurance plan, similar to medical doctors (MD) and osteopathic doctors (DO), you will most likely not receive reimbursement if you have an HMO plan. It never hurts to try to submit for reimbursement. In lieu of directly billing your insurance provider the doctor will provide you with a superbill at the end of your visit which you can submit to your insurance company. It is up to you, the patient/representative/guardian, to determine insurance coverage. In order to ensure you are aware of your benefits we request that you go through the following procedure before your visit. Regardless, payment is due in full at time of service. It is the patient's responsibility to be aware of his/her coverage, as well as any deductible and maximums. If insurance denies payment for any reason, the patient is responsible for the full balance. Please follow the steps below to find out your benefits and eligibility. 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. Do I have naturopathic coverage?

2. Beginning date of coverage _____. **Ending date of coverage** _____.

3. Do I need a referral from my primary care physician (PCP) for alternative services?

4. Currently Dr. Potter is an Out-of-Network Provider.

For an Out-of-Network Naturopathic Doctor I have _____% coverage, \$_____ co-pay,
Year Max _____

Physical Therapy: % Covered: _____ Co-Pay/Co-Insurance _____ Year Max _____

Massage: % Covered: _____ Co-Pay/Co-Insurance _____ Year Max _____

5. What is my deductible for the year, and have I met any part of that deductible?

Yearly deductible _____ Amount met _____ When does it re-set? _____

6. Are any of the specialties listed above subject to deductible?

If so, which ones _____

7. Do I have a Health Savings Account or a Flexible Spending account?

If so, how much can be put into it for Naturopathic Care? _____

Can any amount be put towards supplements? _____

Name of insurance representative I spoke with: _____

Date: _____