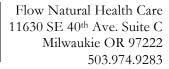


Understanding Your Insurance Plan

Patient Name:	DOB:	
Insurance Company:	ID#:	Group #:
Marsha Hamilton, ND is a prefe	erred provider with many insu	rance companies. However,
naturopathic coverage can be ve	ry plan dependent. <u>It is up to</u>	you, the patient/guardian, to
determine insurance benefits, eli	gibility and coverage.	
This worksheet is to assist you in	n understanding your benefits	and coverage. You can use
this form as a guide when speaki	ing with your insurance repres	sentative and please bring the
completed form to your visit.		
Below is Dr. Hamilton's informa	ation you will need when callin	ng your insurance
representative:		
	Hamilton/Flow Natural H NPI#: 1104068162 11630 SE 40 th , Ave. Suite C Milwaukie, OR 97222 503-974-9283	lealth Care
* Call the customer service num	ber on your insurance card.	
Name of representative:		
Date & Time of call:		
Reference # for this call:		
Here are our recommended q	uestions to ask the represer	ntative:
1. Do I have naturopathic cover	age? YES NO	
	twork coverage for Dr. Hamiltonk benefits, what is my coverage?	
2. Beginning date of coverage:	Ending date of coverag	ge:





3. Is Dr. Hamilton In-Network or a preferred provider in my insurance plan? YES NO	
4. Do I need a referral from my PCP for naturopathic services? YES NO	
5. Do I have a copay: \$ or Coinsurance:%	
6. Do I have a deductible? YES NO. Deductible: \$ How much has been met? \$ Does the deductible apply to office visits? YES NO	
7. Do I have a maximum number of visits per year? YES NO If yes, how many per year?	
8. Is there a maximum \$ benefit per year? YES NO If yes, how much: \$	
9. Is lab work covered in my plan? YES NO If yes, what is the coverage?	
10. Are these labs in-network on my plan? Quest Diagnostics: YES NO Providence: YES NO	

*** Please note that the information you gather is not a guarantee of payment. If an insurance company gives you inaccurate information they may not honor the benefits quoted.