

**How Do I Check My Insurance Benefits\*?**

The Golgi Clinic is contracted (in-network) with most **BlueCross** and **PacificSource** insurance companies. If you have insurance and would like us to bill them for the cost of your office visit, please use this helpful questionnaire to assist you in determining what will be paid. If we are *not* in-network with your plan, you may have out-of-network benefits with your PPO and may be reimbursed a portion of your expenses at our clinic.

If we are billing insurance on your behalf, please fill out Section A, below. If we are out-of-network with your insurance, or we are in-network and you would like to verify your benefits prior to your appointment, Section B (below) is for your information only.

[Section A]

Primary Insurance Company: \_\_\_\_\_ Customer Service #: \_\_\_\_\_

Insurance ID# \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_

[Section B]

1. 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? \_\_\_\_\_

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

3. What are my benefits for the following services? \*Be sure to find out whether your plan includes Out-of-Network coverage for the following benefits.

Specialties:

Naturopathic: # of Visits \_\_\_\_\_ ; Co-pay/ Co-Insurance \_\_\_\_\_ ; Year Max \_\_\_\_\_

Physical Therapy: # of Visits \_\_\_\_\_ ; Co-pay/ Co-Insurance \_\_\_\_\_ ; Year Max \_\_\_\_\_

Lab work: % Coinsurance \_\_\_\_\_ ; Year Max \_\_\_\_\_

Annual Preventive Exam: Subject to Deductible? Y N; # used to date \_\_\_\_\_

4. What is the insured person's **individual** deductible for the year and has any or all of it been met?

Deductible \$ \_\_\_\_\_ ; Amount of Deductible met so far \$ \_\_\_\_\_ Date today \_\_\_\_\_

5. Does the insured person's plan have a **family** deductible? Y N

Deductible \$ \_\_\_\_\_ ; Amount of Deductible met so far \$ \_\_\_\_\_ Date today \_\_\_\_\_

6. Am I subject to either deductible to see Dr. Friess or Dr. Martinez? Y N

If so, for which specialties does the deductible apply? (circle) Office Visit / Physical Therapy / Lab Work

The most common CPT codes used at the clinic are 99205, 99204, 99215, 99214 and 97140 x 3.

What was the name of the representative I spoke with? \_\_\_\_\_

Please bring this form with you to your appointment. If you have trouble getting the information you need, please feel free to call the clinic for assistance. **\*Please be aware that this is not a guarantee of payment, if an insurance company gives you inaccurate information they may not honor the benefits that were quoted.**