

# The Golgi Clinic, LLC

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

The Golgi Clinic is contracted (in-network) with **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.

Insured Patient Name: \_\_\_\_\_ Insurance ID# \_\_\_\_\_  
Insured DOB: \_\_\_\_\_

Call the number on your insurance card listed for patient customer service. Then follow steps 1-6 when calling to find out benefits and eligibility.

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/X-rays: % Coinsurance \_\_\_\_\_ ; Year Max \_\_\_\_\_

Female Annual Exam/Well-Woman Exam or Male Annual 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. Are the specialties listed above subject to either deductible? Y N  
If so, which specialties?  
\_\_\_\_\_

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.**