

## North Portland Wellness Center: How to Check Your Insurance Benefits

Remember to call your insurance company at least 24 hrs in advance of your appointment. If you are checking your benefits for more than one service, you may want to print multiple copies of this page. Call the customer service number on the back of your insurance card. Ask for benefits/eligibility. Tell the phone representative you're calling to check on your personal insurance benefits. Then ask the following:

### Do I have coverage for (select one):

*Remember: If a service isn't covered by your insurance, we offer discounted cash rates to those who pay on the day of service.*

Acupuncture	Yes/No
Chiropractic	Yes/No
Massage	Yes/No

### Is/are the following practitioner/s in-network with my plan (circle those that are):

**Licensed Acupuncturists:** Annabelle Snow | Lili Scott | Colleen Bunker | Mary Chen | Maura Dawgert | Jessica Maynard | Megan Cohen

**Chiropractors:** Dr. Kalina Scherer | Dr. Keenan Borgardt | Dr. Allie Dashiell

**Massage Therapists:** Alexis Barker | Erik Cannard | Ario Lynch | Emily Simpson | Tiffany Ueltschi

### Do I have out-of-network benefits? Yes/No

*You only need to ask this if the practitioner you want to see is NOT in network.*

**Do I have a deductible to meet first, in regard to this service? Yes/No How much is it? \$ \_\_\_\_\_**

**How much of my deductible do I still have to meet this year? \$ \_\_\_\_\_**

*This is the amount you will pay out of pocket this year before services are covered. The amount is renewed each year.*

**What is the date my insurance policy renews each year? \_\_\_\_\_**

**What is my co-pay or co-insurance? \_\_\_\_\_**

*If you have a deductible, this must be met before the co-pay applies.*

**Is a referral required from my primary care physician? Any other pre-authorization required? Yes/No**

\_\_\_\_\_

**Do I have a maximum number of visits, or a maximum dollar amount for this service each year?**

\_\_\_\_\_

Write down the name of the representative that assisted you: \_\_\_\_\_

His/her direct phone number: \_\_\_\_\_ Date/Time Called: \_\_\_\_\_