

PATIENT RESPONSIBILITY & INSURANCE BENEFIT DISCLOSURE

Dr. Peterson and Puget Sound Integrative Oncology understands it can be challenging to determine the scope and limits of your insurance plan and that insurance may not always cover all of our services. The purpose of this form is to help you fully understand your health insurance package and enable you to get the most from it. While it is **NOT REQUIRED** that you complete this form, we strongly recommend that you have a complete understanding of your specific insurance plan and benefits.

Some policies have a deductible; this is the amount of money you pay on a claim (or claims) before your insurance begins paying. Some have in-network benefits that are covered at a higher percentage than out of network benefits (which may have a substantial deductible).

Because we want your treatment to be as stress-free as possible and for you to be fully informed of your coverage, again, we highly recommend that you call your insurance company and use this outline to fully understand your particular insurance plan and benefits.

We appreciate your time and thank you for your cooperation.

General Information

1. Insurance Company and Plan Name: _____
2. Insurance Address: _____
3. Insurance Phone: _____
4. Name of Policy Holder: _____ Date of Birth: _____ Gender _____
5. Prefix: _____ ID #: _____ Group/Policy #: _____
6. Co-pay: \$ _____ Effective Date: _____
7. Do I have deductible? _____ If yes, how much & has it been met: _____
8. Do I have Out-of-Network benefits: _____ If yes, what is the % covered for Out-of-Network Providers? _____
9. Do I have co-insurance, if yes, what is my maximum? _____

Naturopathic Medicine Benefits

1. Am I covered for Naturopathic benefits? _____
2. What percent does insurance cover? _____
3. What percent am I responsible for? _____
4. Is a referral required? _____
5. Do I have a co-pay? If yes, how much? _____
6. Are my Naturopathic Benefits subject to my deductible? _____
7. Am I covered for prolonged visit codes? _____
8. Are there any exclusions? _____

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Acupuncture Benefits

1. Am I covered for Acupuncture visits? _____
2. What percent does insurance cover? _____
3. What percent am I responsible for? _____
4. Is a referral required? _____
5. Is Acupuncture subject to my deductible? _____
6. Has my deductible been met? _____
7. Are there any restrictions for acupuncture? _____
8. Are there any exclusions? _____
9. How many visits per year am I covered? _____