



818 NW Marshall St
Portland OR 97209
t: 503.719.5335
f: 503.719.5334
e: office@asula.com
www.asula.com

WHAT IS MY NATUROPATHIC COVERAGE?

Per _____ with your insurance company

Do I have Naturopathic Benefits? _____

If the rep is confused about what Naturopathic benefits are or says no, ask if you have benefits to see a Specialist? _____

If you can see a Specialist, ask if an office visit performed by a Naturopathic Physician is covered? _____

If you do not have Naturopathic or Specialist benefits that cover Naturopathic physicians, then you do not need to ask the remaining questions). You will need to pay out-of-pocket for your visit.

Is my plan: **CALENDAR YEAR** or **PLAN YEAR**

What date does my benefits and accumulators reset? _____

My deductible is \$ _____. I have met \$ _____ of my deductible as of today.

OFFICE VISIT BENEFITS

Does my deductible have to be met before my insurance will start paying towards my visits? **Y N**

Do I have a set copay for office visits? **Y N** My copay is \$ _____

Do I have to pay a coinsurance (%) per visit? **Y N** My coinsurance is _____%

Do I have a maximum my insurance will pay for Naturopathic benefits? **Y N**

My calendar/plan year year \$ maximum or office visit maximum: _____

Are the following CPT codes covered when performed by a Naturopathic Physician?:

CPT 99385 "Preventative Medicine" - **Y N** If yes, what is my patient portion? _____

CPT 99354 "Prolonged Evaluation" - **Y N** If yes, what is my patient portion? _____

PROCEDURES, RADIOLOGY, LABWORK (PRL) BENEFITS

Do I have an upfront lab benefit? _____ What is the upfront lab benefit amount? \$ _____

Does my deductible have to be met before my insurance will start paying towards my PRL? **Y N**

Do I have a set copay for PRL? **Y N** My copay is \$ _____

Do I have to pay a coinsurance (%) per PRL? **Y N** My coinsurance is _____%