

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

Remember to call your insurance company at least 24 hours 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 are 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 a prompt pay discount for patients paying in full at the time of their appointment.

Acupuncture: **Yes/No**      Chiropractic: **Yes/No**      Massage: **Yes/No**

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. \*\*Please note, you can view provider in-network status information on our [website](#) by selecting Using Insurance under the New Patient tab.

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

And 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? \_\_\_\_\_ (any deductible must be met before the co-pay applies)

Is a referral required from my primary care physician? **Yes/No** 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? **Yes/No** If yes, list dollar limit and/or visit limit for the year: \_\_\_\_\_

Do I have an extra co-pay/co-insurance or deductible for exams or therapy codes (sometimes referred to as modalities)? If yes, how much is it? \_\_\_\_\_

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

Reference Number for the call: \_\_\_\_\_ Date/Time Called: \_\_\_\_\_