

Alive & Well Healing Arts  
Dr. Daivati Bharadvaj, Naturopathic Physician  
9900 SW Wilshire St #190D, Portland OR 97225 503-297-3825

### How Do I Check My Insurance Benefits?

**Patient Name** \_\_\_\_\_ **Insurance ID#** \_\_\_\_\_

Alive & Well will happily bill your insurance for your visit; however, it is the patient's responsibility to be aware of her/his coverage and co-pay, as well as any deductible and maximums. Please follow steps 1-7 when calling to find out benefits and eligibility.

**First**, *Call the number* on your insurance card listed for customer service, benefits and eligibility, or subscriber services and ask the representative the following questions:

1. When did my *coverage begin and when is it valid thru*?  
**Beginning Date of Coverage** \_\_\_\_\_ **Ending Date of Coverage** \_\_\_\_\_
  
2. Do I need a *referral from my primary care physician (PCP)* for alternative services?  
 **Yes**       **No**
  
3. Is Dr. Daivati Bharadvaj *In-Network or a preferred provider* with my insurance?  
 **Yes**       **No**
  
4. What are my *benefits* for the following services? *\*Be sure to find out the benefits that apply to the doctor you are seeing; there will be different benefits depending on whether the doctor is In or Out-of-Network with your insurance company and whether your plan includes Out-of-Network benefits.*

**Naturopathic: % Covered** \_\_\_\_\_ ; **Co-pay/ Co-Insurance** \_\_\_\_\_ ; **Year Max** \_\_\_\_\_

5. Is there a copay per **visit** or per **specialty**? Please circle which one.

6. Are my alternative claims billed to **Alternare**?  **yes**  **no**

7. What is my *deductible for the year* and has any or all of it been met?

**Deductible \$** \_\_\_\_\_ **Amount of Deductible met so far \$** \_\_\_\_\_ **Date** \_\_\_\_\_

Are any of the specialties listed above **subject to this deductible**?  **yes**  **no**

If so, **which specialties**? \_\_\_\_\_

8. What was the *name of the representative* I spoke with \_\_\_\_\_ **Date** \_\_\_\_\_

**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. Thanks so much!

\*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.