



Riverstone Integrative Medicine

A practical approach to exceptional health.

Insurance verification form

Please call the customer service number on the back of your insurance card and ask the following questions. Complete this form and bring to the clinic for your first visit.

Name: _____

ID #: _____

SSN: _____

Do I have coverage for naturopathic services?

Do I have coverage for out of network Naturopathic Physicians?

Do I need a referral to see a Naturopathic Physician?

Are laboratory services ordered by a Naturopathic Physician covered?

Are imaging services ordered by a Naturopathic Physician covered?

Naturopathic coverage: _____% covered, _____ copay, _____ maximum amount covered

Deductible: _____ Amount of deductible met: _____

Is coverage based on fiscal or calendar year? _____

Name of representative spoken with: _____

*Verification of benefits is not a guarantee of coverage. If benefits are denied, you will be responsible for the full amount of services rendered.

Signature: _____

Printed Name: _____

Date: _____

