

Insurance Verification Form
 Dr. Elizabeth Busetto, ND, DC, IBCLC, NPI:
 1215115241
 Dr. Sierra Goncharoff, ND, NPI: 1952952707
 Group NPI 1184173825
 Tax ID: 26-4001181

PLEASE CALL YOUR INSURANCE AND COMPLETE THIS FORM BEFORE YOUR VISIT

You will be responsible for payment if you are not verified.

Patient Name: _____ Date of Birth: _____
 Insurance Company: _____ Ins. Phone #: _____
 Member ID: _____ Group ID: _____
 Today's Date: _____ Effective Date of Insurance: _____
 Name of Representative: _____ Call Ref. #: _____

1. Call the member services phone number on the back of your insurance card.
2. State *"I am calling to get my Medical, Naturopathic, and Chiropractic benefits."*

		Naturopathic	Chiropractic
3	Is service in network?	Yes/No	Yes/No
4	What is my deductible?		
5	Has it been met?	Yes/No	Yes/No
6	If not, how much is left?		
7	What is my co-pay/co-insurance?		
8	Maximum dollar amount covered per year?		
9	Maximum number of visits covered per year?		
10	Are preventative visits & immunizations covered with Dr. Busetto or Dr. Goncharoff? (CPT 99381- well child visit, 99385- adult annual exam)	Yes/No	n/a
11	Is there a cost share for preventative visits with Dr. Busetto or Dr. Goncharoff? If so, how much?		n/a
12	Is CPT 98927 (osteopathic manipulation) covered?	Yes/No	n/a
13	Is CPT 97140 (myofascial work/manual therapy) covered?	Yes/No	Yes/No
14	Are CPTs 97810 and 97811 (acupuncture) covered?	n/a	n/a
15	Are CPTs 97530 or 97110 (exercise therapy) covered?	Yes/No	Yes/No
16	Is there a separate deductible or co-insurance for manual therapies? If so, how much?		
17	What are my benefits for compounding pharmacies?		n/a
18	Do I need to utilize in-network labs?	Yes/No	n/a