CALIFORNIA NATUROPATHIC CLINIC, INC.

Insurance Benefits Verification Guide

A step-by-step phone script for checking out-of-network naturopathic medical coverage

How to use this sheet: Call the **Member Services** number on the back of your insurance card. Follow this exact script and record the representative's answers in the blanks provided. Keep this document for your personal financial records.

Practice:	California Naturopathic Clinic, Inc.	**Provider NPI:**	1013292093
Address:	6860 Brockton Ave Suite 6 Riverside, CA 92506	**Tax ID (EIN):**	832902777
CA License #:	ND-487	**Taxonomy:**	175F00000X (Naturopathic)
Initial Visit CPTs:	99204 / 99205	**Follow-up CPTs:**	99214 / 99215

PHONE CALL SCRIPT & CHECKLIST

1 Basic Eligibility & Provider Coverage

> *"Hello, I am calling to check my out-of-network benefits for an office visit with a licensed Naturopathic Doctor (ND). Does my plan cover services rendered by an out-of-network Naturopathic Doctor?"*

Response: [ ] Yes [ ] No **Representative Name:** _____

2 Out-of-Network Deductible

> *"What is my out-of-network individual deductible, and how much of it have I met so far this calendar year?"*

Annual Deductible: $_____ **Amount Met So Far:** $_____

3 Reimbursement Percentage & Allowable Amount

> *"Once my deductible is met, what percentage of out-of-network evaluation and management visits (CPT codes 99204 / 99214) do you reimburse? Is reimbursement based on the actual billed fee or a 'Usual, Customary, and Reasonable' (UCR) fee schedule?"*

Reimbursement Rate: _____% **Fee Standard:** [ ] Billed Amount [ ] UCR Fee Limit

4 Referrals & Pre-Authorization

> *"Do I need a referral from a primary care provider (MD/DO) or any pre-authorization before my visit for my Superbill claim to be processed?"*

Referral Required: [ ] Yes [ ] No **Prior Auth Required:** [ ] Yes [ ] No

5 Claim Submission Process & Reference Number

> *"How should I submit my itemized Superbill for reimbursement (e.g., online member portal, app, or mail)? May I also have a Call Reference Number for this conversation?"*

Submission Method: [ ] Online Portal / App [ ] Mail **Call Reference #:** _____

Post-Call Action Items:

- ✓ Pay for your visit at time of service to receive your Superbill.
- ✓ Keep a copy of your Superbill & Call Ref # for your files.
- ✓ Upload or mail Superbill with your plan's Member Claim Form.
- ✓ Expect reimbursement checks sent directly to you within 2–4 weeks.