

# Self-Verification Checklist

Figuring out insurance coverage should not get in the way of your health, well-being & self-care.

To create ease in this process we created a checklist for when you call your insurance company to know what information to ask for when self-verifying.

When contacting your insurance provider be sure to gather the following information:

[print this checklist \(pdf\)](#)

## 1- Patient Information:

- Name
- DOB
- Address
- Phone
- Email

## 2- Insurance Information:

- Insurance Company Name
- Member ID Number
- Group Number
- Insurance Address
- Plan Year  
*Calendar or Non-Calendar (list dates)*

## 3- Plan Details:

- Deductible Amount  
*(and how much has been applied to date)*
- Out of Pocket Maximum Amount  
*(and how much has been applied to date)*
- Designate if the provider you are planning on seeing is in or out of your insurance network :

[view clinic team](#)

## 4- More Plan Details :

- Learn details of coverage for the following modalities within your plan  
*(if you plan on receiving them):*

### Naturopathic Medicine

*(also referred to as alternative medicine, speciality medicine, etc)*

- Copay Amount  
OR
- Coinsurance %
- Visit Limits (if any)
- How many visits have been used to date
- Telemedicine Benefits

### Acupuncture

- Copay Amount  
OR
- Coinsurance %
- Visit Limits (if any)
- How many visits have been used to date
- Prior-authorizations required?