

INSURANCE VERIFICATION FORM

Lauren Ward-Selinger NPI: 1316299159

Tax ID: 46-2129404

As a service to our patients, Wildflower Natural Medicine provides courtesy insurance billing. However, it is the responsibility of the patient to verify the details of their insurance coverage. In order to ensure that you are aware of your insurance coverage, we ask that you complete this form prior to your initial appointment. **If you do not have insurance coverage, or have not submitted the completed insurance verification form by the time of your office visit, payment will be due at the time of service.** It is the patient's responsibility to be aware of his/her coverage, as well as any deductibles and maximums. If insurance denies payment for any reason, the patient is responsible for full payment within 30 days of receiving a bill. Thank you for your cooperation.

Name of Insurance: _____ Telephone #: _____

Patient Name & Birthdate: _____

Policy Holder's Name & Birthdate: _____

ID #: _____ Group # _____

Plan Effective Date: _____ Plan Year: Calendar *OR* Fiscal (from _____ to _____)

Deductible (In Network): \$ _____

Deductible (Out of Network): \$ _____

Out of Pocket Maximum: \$ _____

Lab work covered through my insurance plan? YES/ NO

Does my deductible need to be met first for lab coverage? YES/NO

Do I need to use a specific lab for my lab work to be covered? YES/NO

Is Dr. Lauren Ward-Selinger and in-network or out – of – network provider with my insurance plan?

Deductible must be met first? Yes/No

Patient Pays: Copay/CoInsurance %

Insurance Pays: %

Maximum benefit insurance will pay

Amount insurance has paid to date:

Maximum # of visits:

Number of visits used:

OTHER NOTES: