

VIS WELLNESS CENTER

1845 Silas Deane Hwy, Rocky Hill, CT 06067
Call: (234) 2-ACU-DOC | Fax: (860) 469-2882

Nicole Klughers, ND, PharmD, MSAc
Naturopathic Physician & Acupuncture Specialist

www.drnicolesklughers.com
info@drnicoleklughers.com

HOW DO I VERIFY MY INSURANCE BENEFITS?

Patient Name: _____ Insurance Company: _____

Insurance ID#: _____

We do not bill patient's insurance carriers. Currently, you may be able to have your care covered through the use of a Health Savings Account (HSA) or a flexible spending account. Check with your employer to determine if one of these options are available to you. Since naturopathic doctors are licensed physicians in the state of Connecticut, this allows the ND's to order labs, imaging, and make diagnoses. NDs do not have prescriptive authority in the state of Connecticut and therefore will not be able to prescribe pharmaceutical drugs but you will be referred for proper treatment if necessary. As a licensed physician, naturopathic medical visits with Dr. Nicole Klughers should be covered by a PPO insurance plan, similar to your visits with medical doctors (MD) and osteopathic doctors (DO). You will most likely not receive reimbursement if you have an HMO plan. It never hurts to try to submit for reimbursement. In lieu of directly billing your insurance provider, Dr. Nicole will provide you with a superbill at the end of your visit which you can submit to your insurance company. It is up to you, the patient/representative/guardian, to determine insurance coverage. In order to ensure you are aware of your benefits we request that you go through the following procedure before your visit. **Regardless, payment is due in full at time of service.** It is the patient's responsibility to be aware of his/her coverage, as well as any deductible and maximums. If insurance denies payment for any reason, the patient is responsible for the full balance. Please follow the steps below to find out your benefits and eligibility. First, call the number on your insurance card listed for customer service, benefits and eligibility, or subscriber services and ask the representative the following questions:

1. Do I have naturopathic coverage? YES / NO
2. Beginning date of coverage _____ Ending date of coverage _____
3. Do I need a referral from my primary care physician (PCP) for alternative services? YES / NO
4. Currently, Dr. Nicole Klughers is an Out-of-Network Provider. For an Out-of-Network Naturopathic Doctor I have: _____% coverage, \$_____co-pay, Year Max_____
5. What is my deductible for the year, and have I met any part of that deductible?
Yearly deductible _____ Amount met _____ When does it re-set? _____
6. Do I have a Health Savings Account or a Flexible Spending account? YES / NO
7. If so, how much can be put into it for Naturopathic Care? _____
8. Can any amount be put towards supplements? _____
9. Name of insurance representative I spoke with: _____ Date: _____

Please be aware that this is not a guarantee of payment. If an insurance company gives you inaccurate information, they may not honor the benefits that were quoted. I have verified my insurance benefits and listed them above. I understand that I am responsible for all claims unpaid by my insurance company.

Printed Name
www.DrNicoleKlughers.com

Patient Signature (or Guardian)

Date
Call: (234)2-ACU-DOC