



Natural Health Center, LLC

compassionate care changing lives

3330 EAGLE STREET ANCHORAGE, AK 99503
T (907) 561-2330 F (907) 561-1282

Insurance Billing Practices:

Natural Health Center, LLC does not verify your insurance benefits. Please call your insurance company and fill out the attached Benefit Verification Form for each insurance policy you would like us to bill and bring to your initial appointment with your patient registration. If the Benefit Verification Form is not completed and provided upon check-in, you will be required to pay cash for your services.

As a courtesy to you, Natural Health Center, LLC will bill your insurance policy or policies for covered services only. If Naturopathic/ Acupuncture is not a covered benefit under your policy we will not courtesy bill for these services. Certain exceptions may apply, such as needing the denial from your primary insurance to bill your secondary insurance.

Commercial Insurance:

Currently we have three providers who are contracted with Blue Cross Blue Shield.

Rick Abbott, DC - Chiropractor

Birgit Lenger, ND - Naturopathic Doctor

Laura Croix, PT – Physical Therapist

Federal Government Insurance: Naturopathic Providers are not covered.

Medicare/Medicaid/GEHA/Federal Blue Cross/Tricare/VA/Mailhandlers

*We do have denials on file from Medicare for Naturopathic/Acupuncture services so if you have a secondary policy, not supplemental, they may be covered. Some secondary policies that have been billed and have accepted these denials for Naturopathic services are: Wells Fargo (Alaska Care), Blue Cross, Aetna, EBMS, ASEA, and IBEW. Wells Fargo and ASEA **do not cover** Acupuncture services.*

At this time we are not accepting any new Medicare patient's for Dr. Abbott or Laura Croix, PT.

Workers' Compensation/Personal Injury:

There are separate Benefit Verification Forms online for Workers' Compensation or Personal Injury; again you will have to provide this information with your completed paperwork upon check-in.

If you are being treated for a Workers' Compensation claim you must be seen by Dr. Abbott first. He will be able to refer you to see a Naturopathic/Acupuncture provider if it is appropriate.

*We do not bill 3rd party auto insurance. If you are in an auto accident we will **only** bill your auto insurance policy.*

At Natural Health Center, LLC we make every effort to collect insurance portions due from your insurance company before we transfer the balance to your responsibility. Sometimes we require your help with this process. This includes submitting appeals on your behalf when a "Non-covered" provider denial is received and you have verified via your Benefit Verification form they were a covered provider.

If Insurance requests information from you to process claims, we will give you a written notification that the information is needed and a two week grace period to follow up with your insurance to provide that information to them. If after this time the information is not returned or being followed up on, the balance will be transferred to you and any future services you may have at the clinic will need to be paid for in cash at the time of service.

Commercial Insurance Benefit Verification Form

PRIMARY/SECONDARY
Insurance

Patient Name: _____ Date of Birth: _____
Name of Doctor: _____ Today's Date: _____

Insurance Company: _____ ID#: _____
Ins. phone #: _____ Spoke with: _____ Group #: _____

Chiropractic/Acupuncture/Physical Therapy Coverage: Calendar or Fiscal Year Policy

Effective date of policy: _____

Maximum visits: _____ Per Year **OR** Annual \$ Benefits Maximum: _____

% paid for each visit: _____ **OR** Visit Copay: _____

Deductible: _____ Met: Y N Amount met towards deductible: _____

Out of pocket: _____ Met: Y N Amount met towards out of pocket: _____

Special Notes: **97124 / 97012 / 97014 / 97032 / 97033 / 97110 / 97140 / 97112 / 97530**

The CPT codes listed above describe the services that we bill to your insurance company if you are given a referral for massage or physical therapy services. You may want to ask your insurance company if these are a covered benefit under your policy or if they require prior authorization. Natural Health Centers is **not** responsible for tracking services to make sure you do not exceed your benefit limit or for obtaining prior authorization, if this is required.

Naturopathic Coverage: Calendar or Fiscal Year Policy

Effective date of policy: _____ Group or Self Funded Policy ND covered: Y N

% paid for each visit: _____ **OR** Office Visit Copay: _____

Deductible: _____ Met: Y N Amount met towards deductible: _____

Out of pocket: _____ Met: Y N Amount met towards out of pocket: _____

Annual Exam Benefit: _____ Lab Benefits: _____

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Other notes: If you have any questions about this please contact the billing department at 274-2317

