

LAILA TOMSOVIC, ND

NATUROPATHIC MEDICINE FOR THE WHOLE FAMILY

VERIFYING BENEFITS BEFORE YOUR VISIT

This worksheet is for folks who do not have insurance through BCBS VT, Cigna, Harvard Pilgrim, MVP or Vermont Medicaid. Bring it with you to your first visit. If you are covered by one of these plans, please ask for the in-network worksheet.

INFORMATION YOU'LL NEED

- Name, Date of Birth, Insurance ID# (found on your insurance card)
- Name of Insured, their DOB
- Insurance Company name & phone #

MAKING THE CALL

- Note the name of person speaking with, time, and date of conversation
- Name of representative: _____
- Time and date of conversation: _____

QUESTIONS TO ASK

- Am I an active member with current coverage? Yes No
- Will office visits to Dr. Laila Tomsovic be fully covered (e.g code: 99204)? Yes No
- Do I need a doctor's referral to see her? Yes No
- What is my co-pay? \$ _____
- Do I have a deductible? Yes No
 - If yes, what is my deductible and how much of it has been met?
 - Deductible \$ _____
 - Amount met so far in current calendar year \$ _____
 - When does my calendar year begin? _____
- Do I have coinsurance or any other liability for fees? Yes No
 - If yes, what is my co-insurance? _____
- Is there anything else I should know about coverage for seeing Dr. Tomsovic?

IF YOU ARE TOLD YOU NEED A REFERRAL

Ask:

- Does the referring physician submit the referral:
 - To me? If so, give your PCP the fax number: 802-281-3530
- You may be able to get authorization number by phone in order to start treatment earlier.
- If you decide not to wait for authorization your insurance may not cover the visit fees. In this case, you will be responsible for any charges plan will not cover. If you wish to go forward before obtaining insurance authorization you can sign an agreement of financial responsibility in Dr. Tomsovic's office.