



Immersion Health

Oncology | Nutrition | Primary Care

Insurance Coverage and Benefits Verification Form

Immersion Health is happy to bill your insurance company for your office visits or IV services; however **it is the patient's responsibility** to be aware of his/her coverage and benefit limitations. Insurance companies can make changes at any time without notifying members or providers. Also note that you and/or your insurance company may be billed multiple procedure codes for a visit.

Immersion Health does not accept any form of Medicare, Medicaid or OHP. If you would like a list of insurances we do accept, the front desk would be happy to provide you with that information.

Please follow these 8 simple prompts to collect this information. The Front Desk cannot check this information for you.

Please understand that any balance not paid by insurance is the patient's responsibility. Call the **Customer Service/Benefits Number** on your insurance card and ask the questions listed below.

Patient Name _____

Insurance Company _____

ID# _____

Representative's Name _____ **Date & Time of Call** _____

1. Does my policy include IV Service benefits? Y or N

a. Do I have:

b. A Co-Pay or Co-Insurance? Y or N Amount \$_____

Note: Immersion Health does not take Co-pays or Co-insurance in the clinic. At the very least you will get bills for your Co-pays and Co-Insurance later on.

2. What is the maximum dollar amount, or maximum number of treatments available for office visits or IV services per year? Amount_____ Met to date_____

3. Is Dr. Greg Nigh ND, LAc In-Network or a Preferred Provider with my insurance? Y or N

a. If No: Do I have "Out-of-Network coverage" for IV services or office visits? Y or N

4. Are office visits or IV services subject to a deductible? Y or N

a. If Yes: What is my deductible for the year?_____

b. How much of it has been met so far?_____

5. Are the office visit CPT Codes 99204, 99212, 99213, 99214, 99215, covered by my insurance? Y or N

a. Amount covered (dollar or percentage)?_____

6. Are the IV Service codes 96365, 96366, 96368 or others covered by my insurance? Y or N

a. Amount Covered (Dollar or Percentage)?_____

7. Is a referral necessary in order to see Dr. Greg Nigh ND, LAc? Y or N

a. Details_____

8. When did my coverage begin and when is it valid through?

a. Beginning Date of Coverage_____ Ending Date_____

b. Does my insurance plan follow a Fiscal or Calendar year schedule? Circle One

By Signing this document I understand what my insurance will or will not cover. If I choose to bill insurance I fully understand that any balance not paid by my insurance **is my responsibility.**

Patient Signature (or representative)

Printed Name

Date