



Insurance Eligibility and Benefits Checklist

Naturopathic Medicine

Rebel Med NW (ND Team) Business Tax ID: 471307397

Original Qi (Phonexay & Meghan) Business Tax ID: 830659801

Foxglove Acupuncture (Khai) Business Tax ID: 832076866

Patient Information

Patient Name		Andrew Simon	1942637509
DOB		Brook Schales	1376987347
Insurance Company		Kathryn Hightower	1699324574
Subscriber ID		Phonexay Simon	1801209457
Policy/Group ID		Khairul Bhagwandin	1184176968
Policy Effective Date		Meghan Willett	1073394508

Policy:

Co-Pay				
Deductible		Deductible Met To Date:		Deductible Remaining:
Coinsurance:				

*NCS = Non Covered Service – If a service is billed to insurance and no coverage, patient is responsible for full fee charged.

Current Procedural Terminology (CPT) Codes	Benefits Y / N	Copay	Coinsurance	If Non-Covered Service	# Visits Total / # Visits Remaining
Acupuncture: 97810 - 97814				\$150	
Biofeedback Training: 90901 (\$125) as non-covered service				\$125	
Trigger Point: 20552, 20553				\$75/100	
Manual therapy: 97140 (up to 4)				\$37.50 /15min	
Massage Therapy: 97124				\$37.50 /15min	
Office Visit: 99201 - 99205 99211 - 99215				Varies	
OMT (Spinal manipulation): 98925 - 98929				\$50-125	
Therapeutic Exercise: 97110				\$48	
Ultrasound: 97035				\$30	

RMNW Non-Covered Service Agreement

This agreement must be signed by patients prior to any treatment

I understand that the services and/ or supplies for treatments at Rebel Med Northwest and it's providers may not be considered eligible for benefits with my health insurance plan because they may be considered research related, investigational, or non-covered. Since I have chosen to obtain the service and/ or supplies I will be financially responsible for any and all related charges. Rebel Med Northwest and providers makes every attempt to determine individual insurance coverage for the following services.

If I pay out of pocket, there may be additional charges **beyond my office visit costs for copay, coinsurance or deductible** for added supplies or procedures.

Based on your individual insurance plan, these services may or may not include the following:

Biofeedback or Mind Body Medicine (\$125)	EAMP Treatment: Tui Na & Moxibustion (\$50)
Neurofeedback (\$80) & supplies	Therapeutic Ultrasound
Spinal Manipulation Therapy or OMT (\$50-125)	Craniosacral Therapy (\$75 / 30min)
Vitamin Injection Therapies (varies)	Visceral Manipulation
Vitamin IV Therapies (varies)	Therapeutic Exercise
Iron Sucrose Supply Cost (\$300)	Manual Therapy (\$75 / 30min)
Massage Therapy (\$150)	Kinesio Taping Application or Supply (\$20)
Infrared Heat Lamp (\$5)	Dietary Supplement Prescriptions (varies)
Low Level Laser (\$30)	Resistance / TheraBand Supply (\$15)
Cupping (\$25)	Creams or Salves used during treatment
Trigger Point Injections or supplies (\$20)	

Estimated Charges: _____

**Please note, these charges are in addition to your scheduled visit. (Please Ask for the price of these services, as they are readily available at the front desk or with the provider providing the service)*

Provider Signature: _____ **Date:** _____

By signing below I acknowledge I have read the above information and have been informed by Rebel Med Northwest staff regarding my insurance coverage. By signing below, I hereby acknowledge and agree to pay for any non covered services provided at Rebel Med Northwest if not covered by my health insurance.

Patient: _____ **Date:** _____

Guardian: _____