



Improving Insurance Reimbursement for Out-of-Network Naturopathic Doctors: A Guide For Patients

Please help your doctor's office and the California Naturopathic Doctors Association (CNDA) work to improve your reimbursement from your insurance company for visits to your naturopathic doctor. According to the federal Affordable Care Act, insurers are required to cover primary care services provided by naturopathic doctors. However, many insurers are not complying with this law. The CNDA is collecting information to determine which insurance companies are in compliance with the law and which companies are not. We will be using this information to file a complaint with the California Department of Insurance, and we need your help! Please see below for the steps you can take to advocate for your health and improve your out-of-network reimbursement for visits with your naturopathic doctor.

1. Submit your superbill to your insurance company

- A superbill is a coded form completed by your naturopathic doctor for each appointment. It includes diagnosis codes and service codes for each visit. A superbill does not guarantee that your insurance provider will pay for the services provided.
- Submit a copy of your superbill and a copy of your insurance card (front and back) to the mailing address or fax number on the back of your insurance card. Make sure to do this right after each appointment for a timely response. You can include a short letter with these documents stating that you would like to receive reimbursement for services provided by your out-of-network provider.
- *Make sure to keep a copy of these documents for your records.*

2. Your insurance company will respond to your request for reimbursement, usually within 30 days. You may receive a check for reimbursement that is either sent to you or to your doctor's office, or your insurance company may request additional information to process your claim, or you may be denied reimbursement.

- If you are provided with reimbursement, please notify your doctor's office that you received a check from your insurance company. This will help your doctor and the CNDA keep track of which insurance companies are complying with the federal Affordable Care Act.
- If you receive a request for additional information, please comply with their request; you can ask your doctor's office to help you obtain the additional information.
- If your claim is denied, inform your doctor's office, and contact your insurance company to request an appeal.
- Either fax or mail a copy of the Explanation of Benefits (EOB) your insurance company sends you to your doctor's office.



- *Keep a copy of any denial letters and correspondence with your insurance company, and provide your doctor's office with copies.*

3. Denied Claims

- In order to determine which insurance companies are not complying with the law, we are asking our patients to help us by keeping track of whether their claims have been denied or not.
- Provide your doctor's office with copies of your superbills, reimbursement denials, and appeal denials. Your doctor, along with the CNDA, will be compiling patient denials and submitting them to the California Department of Insurance and US Department of Health and Human Services (after removing your identifying information from all documents) as evidence of discrimination against naturopathic doctors by insurance companies.
- As a patient, you can also file a complaint directly with the CA Department of Insurance, online or by mail. We encourage you to do this. To file a claim online, go to this website: <https://www.insurance.ca.gov/01-consumers/101-help/>. You can also find more information at www.calnd.com/patients.

4. Questions?

- Please contact your doctor's office, or the CNDA at coordinator@calnd.org, with any questions regarding this process.

Thank you for helping us better serve you and your family!