

Natural Choices Health Clinic

Your natural choice for health care

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Dr. Keivan Jinnah, ND, MSOM, LAC Dr. Mary Frazel, ND Dr. Lita Buttolph, DSOM, LAc

Insurance Verification Form

Natural Choices Health Clinic is happy to provide insurance billing for our patients; however it is the responsibility of the patient to determine in advance if your insurance plan will cover our services. This includes being aware of deductibles, maximums, pre-authorizations requirements or diagnoses that are not covered by your plan. If insurance denies payment, the patient is responsible for full payment. We require that you complete this form and bring it to your initial appointment. **If you have not completed this insurance verification form by the time of your first appointment, payment will be due at the time of service.** We do offer a time of service discount to self-pay patients.

Patient Information:

Name: _____ Birthdate: _____

Address: _____

Phone#: _____ Email: _____

Insurance Information:

Name of Insurance Company: _____ Phone#: _____

Patient's ID#: _____ Group#: _____

Patient instructions:

1. Call the phone number on your insurance card listed for *member services, benefits and eligibility or customer service*. Request to speak with a customer service representative and let them know you are calling about your Naturopathic and/or Acupuncture benefits.
2. Ask for the name of the representative you are speaking with. This is important in case there are inconsistencies with your coverage later.
Name of Representative: _____ Date called: _____
3. What is my insurance effective date? _____
4. Does my plan renew on a calendar year? Yes / No (circle one) If not a calendar year, when does it renew? _____
5. What is my **In-Network Deductible** and how much has been applied to date? For Naturopathic Services _____ for Acupuncture Services _____

6. What is my **Out-of-Network Deductible** and how much has been applied to date?

For Naturopathic Services _____ for Acupuncture Services _____

7. What is my patient responsibility for **In-Network Copay \$** or **Coinsurance %**

For Naturopathic Services _____ for Acupuncture Services _____

8. What is my responsibility for **Out-of-Network Copay \$** or **Coinsurance %**

For Naturopathic Services _____ for Acupuncture Services _____

9. Do I have an annual **Out-of-Pocket Maximum**? Yes / No

For Naturopathic Services \$ _____ for Acupuncture Services \$ _____

10. Do I have an annual **Benefits Maximum**? Yes / No

For Naturopathic Services _____ for Acupuncture Services _____

If yes, how much/how many have I used to date? ND: _____ Acu: _____

11. Is Dr Keivan Jinnah / Dr. Mary Frazel _____ **In-Network** or _____ **Out-of-Network**?

12. Does my plan require a Referral or Authorization for Naturopathic Services? Yes / No

Does my plan require a Referral or Authorization for Acupuncture Services? Yes / No

(If yes for either, ask how to begin the Referral/Authorization process)

13. Is lab work covered if through my insurance plan? Yes / No Does my deductible need to be met first for labs to be covered? Yes / No What is my responsibility for labs? % _____

14. Do I need to use a specific lab for my labs to be covered? Yes / No If yes, which labs can I use? _____

I understand that it is my responsibility to call my insurance company and verify my plan benefits. The information listed above is to my knowledge valid and correct. I understand that this benefit verification is not a guarantee of coverage by my insurance company and that I am financially responsible for all services provided to me at Natural Choices Health Clinic.

Signature: _____ Date: _____