

BEAVERTON NATUROPATHIC MEDICINE, LLC



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Insurance Benefits

We are happy to bill your insurance company for your visit; however, prior to your initial visit we ask that you become aware of your coverage, deductible and co-pay by contacting your insurance company.

Please fill out the following form as completely as you can and bring it to your first visit.

Patient's Name: _____	Date of Birth: ____/____/____	Phone Number: (____) _____
Insurance Company: _____	Insurance ID #: _____	Group ID #: _____
Eligibility / Claims Phone #: (____) _____	Today's Date: _____	

You need to call the customer service number on your insurance card and ask the representative the following questions:

- When did my coverage begin and when is it valid thru?
Beginning Date of Coverage: _____ Ending Date of Coverage: _____
- Do I need a referral from my **primary care physician (PCP)** for alternative services?
____ Yes ____ No
- Is the doctor I want to see (Dr. Judy Peabody, Dr. Chris Meletis, Dr. James Hermes, or Dr. Sara Wood) **In-Network** or a **Preferred Provider** with my insurance?
____ Yes ____ No
- What are my benefits for the **Naturopathic** services (make sure the benefits quoted apply to the doctor you are seeing)?

In Network:	Out of Network:
% Covered _____	% Covered _____
Co-pay _____	Co-pay _____
Yearly Max _____	Yearly Max _____
- Is there a copay per visit or per procedure? For example, if you come in for some bodywork as well as an office visit do you need to pay a copay for each? (Circle the correct one)

Per Visit	Per Procedure	Copay Amount _____
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- What is my alternative care deductible for the year and has any or all of it been met?
Yearly Deductible: \$ _____ Amount of deductible met so far: \$ _____
Note: The deductible may be affected by chiropractic, acupuncture, massage or other care that you may receive at another facility.
Ask the representative which types of special care affect this deductible. _____

What was the name of the representative I spoke with: _____ Date: _____

Please note that this is not a guarantee of payment. An insurance company may not honor the benefits that were quoted if they gave you inaccurate information.

Just a reminder, **please bring this form with you** to your appointment. If you have trouble getting the information you need, please feel free to call the clinic for assistance. Thanks, we look forward to working with