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Promoting true health and healing

### HEALTH INSURANCE VERIFICATION FORM

True Health Medicine bills insurance as a courtesy to our patients, however it is the patient's responsibility to be aware of coverage details. Patients are ultimately responsible for all charges resulting from all office visits and treatments received. This form will help you and us understand your insurance coverage. Please call member services for your insurance company and have the following information available for yourself and the primary insured party: name, date of birth, insurance ID and group ID.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Number for Call: \_\_\_\_\_

When did my coverage begin? \_\_\_\_\_ When did my coverage end? \_\_\_\_\_

Do I have a deductible? Y N How much? \_\_\_\_\_ How much has been met? \_\_\_\_\_

Is my deductible based on: (Circle one) calendar year or fiscal year - If fiscal, start date: \_\_\_\_\_

Do I have coverage for:	Do I pay a copay or %? How much?	Do I have a maximum benefit? How much?
Naturopathic physician Y N	_____	_____
Acupuncture Y N	_____	_____
Massage Y N	_____	_____

Is the doctor or clinic "in network" or "out of network"? IN OUT

If out of network, do I have out of network benefits for naturopathic physician, acupuncture and massage? Y N

Is a naturopathic doctor considered a primary care provider (PCP) on my plan? Y N

Do I need a referral from a medical doctor or primary care provider (PCP) for naturopathic care, acupuncture or massage therapy? Y N

Do I need prior authorization for naturopathic care, acupuncture or massage therapy? Y N

Are claims for naturopathic, acupuncture or massage billed to American Specialty Health or Complementary Health Plans (CHP Group)? (Especially relevant to HealthNet and Kaiser) Y N

Is CPT code 99354 a covered service and/or will it be applied to my deductible? Y N

Can my naturopathic doctor perform my annual preventive wellness visit? Y N

What laboratory is in-network with or preferred by my insurance?  
\_\_\_\_\_

Are there any limits placed on my naturopathic physician, such as ordering labs or imaging? Please list details below and on the back of this form. Y N