



Tualatin Clinic address:
8555 SW Tualatin Road
Suite B
Tualatin, OR 97062
Phone: (503) 691-0901

Scappoose Clinic address:
51669 SW Columbia River Hwy
Suite 130
Scappoose, OR 97056

Mailing address:
PO Box 909
Tualatin, OR 97062
Fax: (503)691-9018
www.TrueHealthMedicine.com

HEALTH INSURANCE VERIFICATION FORM

True Health Medicine, PC bills insurance as a courtesy to our patients, however, patients are ultimately responsible for all charges resulting from all office visits and treatments received. Therefore, it is important that you understand your own coverage and benefits. This form will help you and us understand your insurance coverage. If your insurance changes, please complete this form for you new coverage and present your insurance card at your next visit.

Name: _____ Date of Birth: _____

Primary Insurance Co: _____

Policy/ID Number: _____ Group Number: _____

Primary Insured Name: _____ Phone: _____

Primary Insured Address: _____

Is your insurance through (circle one): Employer Cover Oregon Other: _____

Secondary Insurance Co: _____

Policy/ID Number: _____ Group Number: _____

Primary Insured Name: _____ Phone: _____

Primary Insured Address: _____

PLEASE CALL MEMBER SERVICES FOR THIS INFORMATION

The phone number for your insurance company's member services or customer service department should be listed on your insurance card.

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 a calendar year or fiscal year? (Circle one)

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	_____	_____



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Is the doctor or clinic included in my plan?	Y	N
Jeff Clark, ND Bijana Kadakia, ND, LAc Gwendolyn (Wendy) Rogers, ND LAc		
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 or acupuncture?	Y	N
Are my alternative claims billed to American Specialty Health or Complimentary Health Plans?	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 alternative services?	Y	N
Can my naturopathic doctor perform my annual wellness physical or gynecological exam?	Y	N
Are there any limits placed on my naturopathic physician, such as ordering labs or imaging? Please describe:	Y	N

I acknowledge that the above listed coverage information is valid and correct. I understand that benefit verification is not a guarantee of coverage by my insurance company and that I am financially responsible for all services rendered to me by True Health Medicine, PC. I also understand that all out-of network (non-contracted) insurance billing services provided by True Health Medicine, PC on my behalf are performed as a courtesy basis and can be discontinued by either myself or True Health Medicine, PC, with written notice, at any time. I authorize release of information in my medical history to my insurance company and assign all benefits for unpaid services to True Health Medicine, PC. A photocopy of this authorization shall be considered as effective as the original. Assignment will remain in effect until revoked by me in writing.

Signature: _____ Date: _____

If signed by someone other than patient, please indicate relationship: _____