

**How to Check your Insurance Benefit:**

We are happy to bill your insurance for your visit (with verified coverage); however, it is your responsibility to be aware of coverage, as well as any deductible and maximums. All patients need to check their own benefits regardless of network status. Our office will only call insurance companies that are IN NETWORK. If your insurance company is OUT OF NETWORK, you are responsible for checking your own coverage. For benefits call the number on the back of your card and ask the representative the following questions.

**Please bring this form and insurance card to your first appointment!**

**LOHC PROVIDERS AND THE PANELS THEY ARE IN-NETWORK WITH:**

**Dr. McMonagle:** Regence, Moda, Pacific Source/ Reliant, Oregon Health Cooperative.

**Dr. Bourgeois:** Regence, Moda, Pacific Source/ Reliant, Oregon Health Cooperative, Cigna.

**Dr. Colling:** Regence, Pacific Source/Reliant, Lifewise. Cigna

1. When did my coverage begin and when is it valid thru?  
Beginning Date Coverage \_\_\_\_\_ Ending Date of Coverage \_\_\_\_\_  
Does my plan follow a Fiscal or Calendar year schedule? \_\_\_\_\_
2. What is my deductible? \$ \_\_\_\_\_ Remaining Amount? \$ \_\_\_\_\_  
(Verify, In or Out Of Network based on above list and provider you will be seeing.)
3. What are my benefits for the following services?

Naturopathic Office Visit:

**In Network:** Co-Pay: \_\_\_\_\_ or Co-Insurance \_\_\_\_\_  
If Co Insurance does it apply to my deductible? \_\_\_\_\_  
**Out Of Network:** Co- Pay: \_\_\_\_\_ or Co-Insurance \_\_\_\_\_  
If Co Insurance does it apply to my deductible? \_\_\_\_\_

Lab Coverage (With a Naturopath as the rendering provider.):

Co-Pay: \_\_\_\_\_ Co-Insurance: \_\_\_\_\_  
If Co Insurance does it apply to my deductible? \_\_\_\_\_  
In & Out of Network Labs: \_\_\_\_\_  
**(Our office uses Quest Diagnostics)**

Chiropractic Office Visit:

**In Network:** Co-Pay: \_\_\_\_\_ or Co-Insurance \_\_\_\_\_  
If Co Insurance does it apply to my deductible? \_\_\_\_\_  
**Out Of Network:** Co- Pay: \_\_\_\_\_ or Co-Insurance \_\_\_\_\_  
If Co Insurance does it apply to my deductible? \_\_\_\_\_

4. May I please have your name? Agents Name \_\_\_\_\_ Date: \_\_\_\_\_  
Reference #: \_\_\_\_\_

*“ Online benefits and insurance handbooks will not give the same information as a live representative. “*

*“ Please be aware that this is not a guarantee of payment, they may not honor the benefits that were quoted “*