Heidi Peterson, ND
7005 NE Glisan St, Suite A
Portland, OR 97213
Tel: 503-546-7663 ~ Fax: 503-505-7672
Email: heidi@doctorheidi.com
Website: doctorheidi.com

INSURANCE BENEFITS INFORMATION FORM

Patient Name_____ Insurance Name_____

Insurance ID#_____ Group #_____

Provider Info: TAX ID# 26 4624007 NPI# 1114003282

This office is out-of-network for all insurance companies. We do not bill insurance claims for you but we will give you the necessary information to send in the out-of-network claim if you choose to. In order to ensure that you are aware of your benefits, we recommend you go through the following form to confirm where your benefits stand. Anything covered by your insurance company will be reimbursed directly to the patient. It is the patient's responsibility to be aware of his/her coverage, as well as any deductibles and maximums that may apply.

Please call the number located on your insurance card to help answer the following questions:

Name of Representative:_____ Date Called:_____

Effective Date of Coverage_____

Do I have Naturopathic coverage on this policy? YES or NO

Coverage for OUT of Network: deductible _____ co -insurance%_____

Which month does my plan year or deductible start? _____

Is there a maximum benefit amount on my policy for ND coverage?_____

Do I have a deductible for LABS? YES or NO How Much?_____

Which Laboratory is considered in-network on my policy? Quest Labcorp Providence or Legacy

NOTES:_____

_____