



INTENTIONAL HEALTH CLINIC

1785 NE Sandy Blvd., Suite 290, Portland, OR 97232

Insurance Verification

Subscriber Name:
Insurance Company:
Insurance ID#:
Group ID#:

Providers:

- Mark Parzynski, DAOM, L.Ac., (NPI# 106-37-534-08) (Acupuncturist)
- Tatiana Parzynski, N.D., (NPI# 142-75-631-05) (Naturopath)

It is up to you, the patient/guardian, to determine insurance coverage. In order to ensure you are aware of your benefits, we request that you go through the following procedure before your visit.

Please follow the steps below to find out your benefits and eligibility by calling your insurance company’s customer service line to answer the following questions.

Name of insurance representative: _____ Date: _____

1. Are Naturopaths an “Allowed Provider Type” in my plan? YES / NO

2. Is the doctor I want to see an In-Network/a preferred provider for my plan? YES / NO

- For an In-Network doctor, I have \$ _____ coverage
- For an In-Network doctor, I have a \$ _____ co-pay

3. Coverage Start Date: _____

4. Yearly Deductible: \$ _____ **Amount Met:** \$ _____

5. Is my plan centered on the calendar year? YES / NO

- If not, what is my plan year? _____

6. Do I have any dollar maximums or visit limitations? _____

- Are these combined with any other alternative care services? _____

7. Do I have coverage for chiropractors? YES/NO **Number of Visits:** _____

8. Do I have coverage for acupuncture? YES/NO **Number of Visits:** _____

9. Do I have coverage for massage? YES/NO **Number of Visits:** _____

Patient Signature _____