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**HOW DO I CHECK MY INSURANCE BENEFITS?**

Patient Name \_\_\_\_\_ Insurance Name \_\_\_\_\_

Insurance ID# \_\_\_\_\_ Group # \_\_\_\_\_

Provider Info: TAX ID# 26 4624007 NPI# 1114003282

As a patient service, I do bill most insurance companies. I make no guarantees about insurance coverage. In order to ensure that you are aware of your benefits before your visit, we recommend you go through the following procedure to confirm where your benefits stand. Anything not covered by your insurance company is the patient's responsibility and will be billed 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

Is Heidi Peterson, ND considered an in-network or out-of-network provider IN or OUT

Coverage for IN Network: deductible \_\_\_\_\_ co-pay \_\_\_\_\_ co-insurance% \_\_\_\_\_

Coverage for OUT of Network: deductible \_\_\_\_\_ co-pay \_\_\_\_\_ 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? \_\_\_\_\_

Is QUEST Laboratory considered in-network on my policy? \_\_\_\_\_

**\*\*Please note that benefits are not guaranteed with this call - claims are subject to review when they are processed by the insurance company and may or may not actually be covered.**