

Provider Name: Jennifer Louise Rose, ND EIN: 2737-23259. NPI: 1770889313

Patient Name_____

DOB_____

Insurance_____ ID

Number_____

Date:_____ Time_____ Representative_____ Reference
#_____

Provider is: In Network (Aetna, Providence, Regence, Blue Cross, Pacific Source, Cigna -until Jan 2018-,
or Out of Network (Moda, American Specialty Health, Kaiser/CHP, United Health, Lifewise)

Effective Date:_____ Plan Year _____ or

Calendar Year

Deductible:_____ Met:_____ Out of Pocket_____

Met_____

Naturopathic Coverage: Yes or No

Copay_____ Co Insurance _____ Does Deductible Apply to ND Visit
Yes or No

Visit Limits or Dollar Maximum: Yes or No If Yes: _____, Used_____ Combined Benefit:
Yes or No

Labs Covered if ND orders: Yes or No
Yes or No

Diagnostic Testing covered if ND Orders:

Additional Comments: