



Insurance Benefit Check

This form is for you to use to verify your own benefits with your insurance company. When you call them you can use this form to fully understand what your responsibility will be regarding paying for your visits at Rose Cabinet Medicine. While Dr. Rose participates in many different insurance plans it is not possible for us to be aware of each plan's specific requirements and we cannot guarantee coverage to any individual. Your insurance coverage is a contract between you/your employer and the insurance carrier. While we may be a provider of services, we are not a party to your specific contract. Therefore it is your responsibility to understand and comply with any predetermined benefits or referral requirements. As with any provider's office, any charges you incur at Rose Cabinet Medicine which are not paid or adjusted by your insurance carrier will be your sole responsibility.

Jennifer Louise Rose, ND

NPI # 1770889313

EIN # 2737-23259

If you are coming to me for Neurofeedback, you do not need to ask your insurance company if it is covered. We will be billing it as a general naturopathic medical visit.

Today's Date

Time

Representative

Reference # *

Dr. Rose is IN NETWORK (Aetna, Providence, Regence, Blue Cross, Pacific Source, MODA, Cigna)

Yes

No

*

Dr. Rose is OUT OF NETWORK Kaiser/CHP, Optum/United Health, Lifewise) *

Yes

No

Effective Date

Deductible-

Total?

How much has been met?

Total out of pocket? *

Naturopathic Coverage? *

Yes

No



Rose Cabinet Medicine

2135 NE 55th Avenue,
Portland, OR 97213

What is my copay?

What is my co-insurance? *

Does my deductible apply to Naturopathic visits? *

 Yes No

Is there a limit to the number of visits I can see an ND? Or dollar limits? How much have I already used this year? *

Are labs covered if ordered by an ND? *

 Yes No

Is diagnostic imaging covered if ordered by an ND?

 Yes No

Any additional comments?
