



Hawthorn Healing Arts Center, LLC

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INSURANCE VERIFICATION FORM

The practitioners and staff at Hawthorn Healing Arts Center cannot say enough how much we appreciate you taking the time to check your insurance benefits PRIOR to your appointment. Your participation in this part of your health care is important and helpful on many levels. We are always available should you have any questions during this process. Our goal for you, in gaining this information is that this form be as user-friendly and helpful as possible.

PLEASE CALL THE CUSTOMER SERVICE NUMBER ON THE BACK OF YOUR INSURANCE CARD. FOLLOW THEIR PROMPTS TO REACH THE "BENEFITS AND ELIGIBILITY" DEPARTMENT. THEN PROCEED WITH THE FOLLOWING QUESTIONS THAT PERTAIN TO THE TYPE OF PROVIDER YOU WILL BE SEEING.

(Please fill out the first portion before your call. Remember to email or bring it in to us!)
THANK YOU!

Patient's Name: _____ Date of Birth: _____

Insurance Company: _____

ID Number: _____ Group Number: _____

If you are not the plans subscriber, their:

Name: _____ Date of Birth: _____

Employer: _____

QUESTIONS TO ASK:

Does your plan renew at the beginning of a new year or at another time of year?
If not at the new year, when? _____

You will be seeing the following practitioner: _____

Are they in or out of network with your insurance company? _____

DEDUCTIBLE:

What are your deductible amounts? Individual _____ Family _____

How much has been met to date? Individual _____ Family _____

What is your out-of-pocket max? _____

How much has been met to date? _____

NATUROPATHIC COVERAGE:

Are office visits subject to the deductible? _____

Is there a copay? _____

Is there a co-insurance? _____

LABS: Are routine labs ordered by a naturopath covered? _____

Are they subject to your deductible? _____

What is your co-insurance for labs? _____

ACUPUNCTURE COVERAGE:

Are acupuncture visits subject to the deductible? _____

Is there a copay? _____

Is there a co-insurance? _____

Is this service combined with any other benefits? _____

Is there an annual limit to this or any combined benefits? _____

MASSAGE:

Does your plan have massage benefits? _____

Is there a copay? _____

Is there a co-insurance? _____

PRE-AUTHORIZATIONS:

Do any of the above services require a pre-authorization? _____

If yes, through whom? _____