

## UNDERSTAND YOUR PLAN WORKSHEET

Patient Name: \_\_\_\_\_

Insurance Comp: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

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Jennifer Silapie, ND is a preferred provider with some insurance companies, however, coverage is plan dependant. It is up to you, the patient/representative/guardian, to determine insurance coverage. In order to ensure you are aware of your insurance benefits, we recommend that you go through the following procedure before your visit. It is the patient's responsibility to be aware of his/her coverage, as well as any deductible and maximums. If insurance denies payment for any reason, the patient is responsible for the full balance. If coverage is not determined prior to your visit you may be billed at the time of service for your first visit.

**First**, Call the number on your insurance card listed for customer service, benefits and eligibility, or subscriber services and ask the representative the following questions:

1. Do I have naturopathic coverage? YES \_\_\_ NO \_\_\_
2. Beginning date of coverage \_\_\_\_\_. Ending date of coverage \_\_\_\_\_.
3. Do I need a referral from my primary care physician for alternative services? Y/N
4. Is the practitioner I want to see In-Network or a preferred provider for my insurance plan? Y/N
5. If the practitioner is In-Network, what is my individual deductible for the year and has any or all of it been met?

Yearly Deductible \$ \_\_\_\_\_ Amount met \$ \_\_\_\_\_ When does it reset? \_\_\_\_\_

Does my plan have a **family deductible**? YES \_\_\_ NO \_\_\_

Yearly Deductible \$ \_\_\_\_\_ Amount met \$ \_\_\_\_\_ When does it reset? \_\_\_\_\_

6. If the provider is out of network, do I have coverage for Out of Network care with this provider? Y/N

If YES what is my coverage? \_\_\_\_\_

7. What are my benefits for the following services once my yearly deductible has been met? Be sure to find out in & out-of-network coverage for each of the following benefits.

Naturopathic: % Covered: \_\_\_\_\_ Co-Pay/Co-Insurance \_\_\_\_\_ Year Max \_\_\_\_\_

Acupuncture: % Covered: \_\_\_\_\_ Co-Pay/Co-Insurance \_\_\_\_\_ Year Max \_\_\_\_\_

Physical Therapy: % Covered: \_\_\_\_\_ Co-Pay/Co-Insurance \_\_\_\_\_ Year Max \_\_\_\_\_

Lab work/imaging: % Covered: \_\_\_\_\_ Co-Pay/Co-Insurance \_\_\_\_\_ Year Max \_\_\_\_\_

Which labs are covered on my plan:

Interpath    Quest Diagnostics    Lab Corps.

Which local hospital is covered on my plan:

\_\_\_ Skyline Hospital, White Salmon, WA

\_\_\_ Providence Hood River Memorial, Hood River, OR

\_\_\_ Mid Columbia Medical Center, The Dalles, OR

9. Are any of the specialties listed above subject to a deductible FIRST? YES \_\_\_ NO \_\_\_

If so which specialties? \_\_\_\_\_

10. Are Annual Gynecological Exam Covered by a Naturopathic Physician? YES / NO

If so, what is the coverage? \_\_\_\_\_

Name of the insurance representative I spoke with: \_\_\_\_\_

Date: \_\_\_\_\_

Lastly, please bring this form with you to your appointment. If you have any trouble getting the information you need, please feel free to call the clinic for assistance.

**\*Please be aware that this is not a guarantee of payment, if an insurance company gives you inaccurate information they may not honor the benefits that were quoted.**

Insurance companies Dr Jennifer Silapie/ Mountain Sage Medicine is contracted (In network) with:

Regence

Premera

Lifewise

United Health Care/ Optum

Washington State Medicaid

ODS/MODA (via First Choice Network)

Cigna

Core Source (via Multiplan)

Pacific Source (via Reliant Behavioral Health)

Remember: Coverage is specific to your plan. It is your responsibility to know your plan and know your coverage prior to your office visit.