



Please complete this benefit check form with your insurance agency to help determine if you have benefits for our services. Please note that what the representative says is not a guarantee of payment. If you need assistance, contact us at (503) 238-7025.

Please record the plan information on your insurance card here:

Patient's Name: _____ ID or Member Number: _____

Group #: _____ Date of Birth: _____

Insurance Carrier: _____ Issuing State: _____ Effective Date: _____

Are you the primary policy holder? Yes No If not, please provide the following information:

Name of Policy Holder: _____ Date of Birth: _____

Relationship to you: _____ Gender: _____ Phone: _____

Address (If different from yours): _____

Please call the Member Phone number on the back of your card, to ask these questions:

Do I have benefits for naturopathic medicine and/or acupuncture? Yes No

If so, what services are covered? _____

Do I have to meet a deductible before my insurance contributes to the payment? Yes No

If so, what is my deductible? _____

What is my co-pay or co-insurance for each service? _____

What is the maximum # of visits or payment maximum, per year, per service? _____

Does this visit require preauthorization? Yes No

Is Dr. Soszka in-network on this insurance? Yes No

Are naturopathic physicians allowed to order blood tests? Yes No

Is Quest Diagnostics an in-network lab? Yes No | Is Labcorp an in-network lab? Yes No

When does my plan year begin and end? _____

What is the representative's name who helped me? _____

Thank you for completing this form. Please attach via email to drsoszka@drsoszka.com, or you may fax to (888)302-5652. You may scheduled an appointment online by visiting www.drsoszka.com