

2143 NE Broadway St.
Portland, OR 97232

Erica Peirson, ND

Phone: 503 · 209 · 9041
www.drpeirson.com

Insurance Benefit Questionnaire

Patient Name: _____

Insurance Company: _____ ID# _____

Dr. Peirson will happily bill your insurance for your visit, however, it is the patient's responsibility to be aware of her/his coverage and co-pay, as well as any deductible and maximums. Please call your insurance company and fill out this form before your first visit.

1. Beginning date of coverage: _____
2. Ending date of coverage: _____
3. Does the insurance plan follow a fiscal or calendar year schedule? _____
4. Do I need a referral from my primary care physician (PCP) for alternative services? Y N
5. Is Dr. Erica Peirson in-network or a preferred provider with my insurance? Y N
6. What are my benefits for Naturopathic Medicine:
 - a. Percent covered: _____
 - b. Co-pay/Co-insurance: _____
 - c. Year maximum: _____
7. Deductible for the year: _____
8. Deductible met: _____

Name of representative you spoke with _____

Date: _____ Time: _____

Please bring this form with you to your first appointment.

*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.