



WELLNESS CLINIC
BIJANA KADAKIA ND LAC

Health Insurance Verification Form

(Rev 01/21)

I bill insurance as a courtesy to my patients, however it is the patient's responsibility to be aware of coverage details. Patients are ultimately responsible for all charges resulting from office visits and treatments received. This form will help you and I understand your insurance coverage. Please call member services for your insurance company and have the following information available for yourself and the primary insured party: name, date of birth, insurance ID and group ID.

Representative: _____ Date: _____

Reference Number for Call: _____

When did my coverage begin? _____ When did/does my coverage end? _____

Do I have a deductible? Y N How much? _____ How much has been met? _____

Is my deductible based on: (Circle one) calendar year or fiscal year - If fiscal, start date: _____

Do I have coverage for:	Do I pay a copay or %? How much?	Do I have a maximum benefit? How much?
Naturopathic physician* Y N	_____	_____
Acupuncture Y N	_____	_____

*Note that I am credentialed with most insurance companies as a "specialist" rather than a PCP. This may impact the assessed copay for some patients.

Is Bijana Kadakia, ND, LAc "in network" or "out of network"? If they need help finding me in their system, my NPI number is 1407023393	IN OUT
If out of network, do I have out of network benefits for naturopathic/acupuncture?	Y N
Do I need a referral from a medical doctor or primary care provider (PCP) for naturopathic care or acupuncture?	Y N
Do I need prior authorization for naturopathic care or acupuncture?	Y N
Are there restrictions on my coverage for acupuncture based on diagnosis or service? For example, "is acupuncture only covered for surgical anesthesia?" Please list details on the back of this form.	Y N
Are claims for naturopathic or acupuncture services billed to American Specialty Health (ASH) or Complementary Health Plans (CHP Group)?	Y N
Can my naturopathic doctor perform my annual preventive wellness visit?	Y N
What laboratory(s) is in-network with or preferred by my insurance?	
What imaging center(s) is in-network with or preferred by my insurance?	
Are there limitations placed on my naturopathic physician, such as ordering labs or imaging? Please list details on the back of this form.	Y N

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