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HOW DO I CHECK MY INSURANCE BENEFITS?

Patient Name _____ Insurance ID# _____ SSN: _____

Celilo Natural Health Center will happily bill your insurance for your visit. However, it is your responsibility as a patient to be aware of your coverage and co-pay, as well as any deductibles or maximums. To determine your benefits, 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. When did my coverage begin and through when is it valid?

Beginning Date of Coverage _____ Ending Date of Coverage _____

2. Does my insurance plan follow a Fiscal or Calendar year schedule? _____

3. Do I need a referral from my primary care physician (PCP) for alternative services? Y N

4. Is the practitioner I want to see (Dr. Orna Izakson, ND) in-network or a preferred provider with my insurance? Y N

5. What are my benefits for the following services?

Naturopathic in network: %Covered _____ Co-pay/Co-Insurance _____
Yearly Max _____

Naturopathic out of network: %Covered _____ Co-pay/Co-Insurance _____
Yearly Max _____

Lab work/x-rays ordered by an ND: % Covered _____ Co-pay/Co-Insurance _____
Yearly Max _____
Exclusions (e.g. allergy testing, salivary hormones)? _____

6. Is there a co-pay per visit or per specialty? Please circle which one.

7. What is my deductible for the year and has any or all of it been met?

Deductible \$ _____ Amount of Deductible met so far \$ _____ Date _____

Are any of the specialties listed above subject to this deductible? Y N

If so, which specialties? _____

8. What was the name of the representative I spoke with _____ Date _____

Please bring this form with you to your appointment. If you have 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.*