Dr. Russell L. Kolbo
Dr. McKenzie J. Timmer
Dr. Millie I. Arocho
Dr. Lester E. Griffith
Dr. Jessica L. Corbeille
Dr. Fred W. Bomonti
Kirsty Docken EAMP, LAc

Insurance Benefits Verification Form

Date_____

Patient's Name_____ Date of Birth_____
Insurance_____ ID#_____ Group#_____
Policy Holders Name_____ DOB _____ Effective Date_____
Insurance Phone # Called_____ Representative's Name_____
Mt. Rainier Clinic Tax ID #: **275227116** (Please specify the rendering physician to the representative.)
Call Reference # _____

Naturopathic Benefits
What is covered?
Office Visits?_____ Preventative?_____
Physical Medicine (Injections;20553, ultrasound;97035, laser;97039, EMS;97014)_____
Deductible Amount _____ Met_____ Coverage _____
Co-pay _____ Max # of Visits _____
PCP Referral Required? _____ Obtained _____ Pre-authorization? _____

Chiropractic Benefits
Deductible Amount _____ Met_____ Coverage _____
Co-pay _____ Max # of Visits _____
PCP Referral Required? _____ Obtained _____ Pre-authorization? _____
What is covered?
Are there any exclusion's or only certain conditions that are covered _____

Acupuncture Benefits
Deductible Amount _____ Met_____ Coverage _____
Co-pay _____ Max # of Visits _____
PCP Referral Required? _____ Obtained _____ Pre-authorization? _____
What is covered?
Are there any exclusion's or only certain conditions that are covered _____

What is…
Deductible? The amount that you have to pay before insurance will start paying for services.
Co-pay? The amount that is due at the time of the visit.
Co-Insurance? Remainder balance after insurance has paid their part.