

Insurance Plan Coverage Verification

This form serves as a guide to assist you in understanding your insurance benefits and coverages for Snoqualmie Valley Clinic. We recommend utilizing this form prior to your initial visit to the clinic and whenever there are changes to your insurance coverage.

Snoqualmie Valley Clinic

Mailing:

PO Box 2013

Snoqualmie, WA 98065

Phone: 425-888-2299

Street:

38700 SE River St #400

Snoqualmie, WA 98065

Fax: 425-888-1204

Tax ID: 91-1341352

Clinic NPI#: 1457492936

Maurice Doerfler, MD NPI#:1659335255

Courtney Montgomer, ARNP NPI#:1992784656

1) Begin by gathering the information below:

Patient Name: _____

Date of Birth: _____ Social Security#: _____

Insurance ID#: _____

Insurance Plan Name: _____

Customer Service Phone#: _____

2) Now call your insurance plan and ask for the following information:

Today's Date: _____ Representative's Name: _____

Effective Date of Coverage: _____

Primary Care Provider Name: _____

In-Network Coverage: Copay: \$_____ Deductible: \$_____

Has Deductible been met? YES NO Amount remaining: \$_____

Does the plan require authorization for speciality care? YES NO

Is Snoqualmie Valley Clinic In-Network?: YES (you can stop here)

No – *continue below*

Out of Network Coverage: Do you have out of network coverage? YES NO

Copay: \$_____ Deductible: \$_____

Is a referral necessary to receive coverage at Snoqualmie Valley Clinic? YES NO

Are labs or x-rays covered at Snoqualmie Valley Clinic if out of network? YES NO