

Insurance Plan Coverage Verification

This form is a guide to help you find out what your insurance benefits and coverages are for Snoqualmie Valley Clinic. Please bring this form to your visit and give to the front desk.

Snoqualmie Valley Clinic

Mailing:	Street:
PO Box 2013	38700 SE River St
Snoqualmie, WA 98065	Snoqualmie, WA 98065
Phone: 425-888-2299	Fax: 425-888-1204

Tax ID: 91-1341352	Clinic NPI#: 1457492936
Maurice Doerfler, MD NPI#: 1659335255	
Marybeth Lambe, MD NPI#: 1831122449	

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