

AYURVEDIC & NATUROPATHIC MEDICAL CLINIC  
2115 112<sup>TH</sup> Ave NE Bellevue WA 98004 Phone: 425-453-8022

Please verify insurance information prior to your visit and fill the enclosed information and fax back to us at 425-453-1408 or email [ayurvedicnaturopathic@yahoo.com](mailto:ayurvedicnaturopathic@yahoo.com)

Patient: \_\_\_\_\_

Last Name                      First Name                      Middle Initial

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_                      Doctor Name: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Customer Service Rep.: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

ID Number: \_\_\_\_\_                      Naturopathic Coverage? \_\_\_\_\_

Group Number: \_\_\_\_\_                      Office Co-Pay/Co-Ins: \_\_\_\_\_

**This form is used so that you can verify your insurance eligibility. Prior to your visit, please check to see if you have Naturopathic Office Visit coverage. If not, it will be your financial responsibility to pay the physician's usual and customary rate.**