DR. SERENA HEALTHCARE
WHOLE LIFE MEDICINE

13126 120th Ave NE, Kirkland WA 98034
(P) 425-398.9355 (F) 833.905.2316
www.DrSerena.com

# INSURANCE COVERAGE FAQ & CONSENT

Dr Serena is a preferred provider with most major insurances, but is not in network with Medicare or Medicaid plans. We highly recommend you confirm coverage with your individual plan prior to being seen so you understand your benefits.

- ❏ **PARTICIPATING PAYORS**
  - ❏ AARP - Active
  - ❏ Aetna / US Healthcare - non HMO - Active
  - ❏ Aetna Senior Supplemental Insurance - ACtive
  - ❏ American Specialty Health Network - Active
  - ❏ BCBS-WA Premera - Active
  - ❏ BCBS-WA Regence - Active
  - ❏ Cigna (billed through American Specialty Health) - Active
  - ❏ Emdeon - this is an EFT system and not an insurance plane
  - ❏ First Choice Health Plan - Active
  - ❏ Healthcare Management Administrators - Active
  - ❏ Humana - Active
  - ❏ InstaMed - this is an EFT system and not an insurance plan
  - ❏ Meritain Health - Active
  - ❏ PaySpan - this is the BCBS EFT portal and not an insurance plan
  - ❏ Providence Health Plan - Active
  - ❏ United Healthcare - Active
  - ❏ United Medical Resources - Active
  - ❏ Health Net of CA/OR - Active
  - ❏ Kaiser Permanente of OR/WA (First Choice Plans through Kaiser may be covered) - Active

- ❏ **NON PARTICIPATING**
  - ❏ MEDICARE (some Advantage plans may have coverage)
  - ❏ Any MEDICAID plans
  - ❏ Centene - Ambetter - Coordinated Care (HMO)

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- ❏ Centene - Coordinated Care (Medicaid Replacement - HMO)
- ❏ Centene - Ambetter - Coordinated Care (HMO)
- ❏ CommunityCare OK (Medicare Replacement/Advantage - HMO)
- ❏ GHPP (Medicaid)
- ❏ Kaiser Foundation Health Plan of Washington (HMO)
- ❏ Molina Healthcare of WA (HMO)
- ❏ Molina Healthcare of WA (Medicaid Replacement - HMO)
- ❏ United Healthcare - Dual Eligible (Medicare Replacement/Advantage - HMO)
- ❏ United Healthcare West (Medicare Replacement/Advantage - HMO)
- ❏ Washington Services (Medicaid)

**Insurance Verification Checklist**

NAME: _____ DOB:_____

DR: MCKENZIE, ND TAX ID NUMBER: 45-4717604
DATE OF VERIFICATION: _____
NAME OF REPRESENTATIVE SPOKEN WITH: _____
PRIMARY INSURANCE:_____ PHONE#_____
SUBSCRIBER NAME: _____
SUBSCRIBER ID: _____ DOB:_____
GROUP #: _____ EFFECTIVE DATE: _____
NATUROPATHIC MEDICINE COVERAGE: YES/NO (CIRCLE)
PERCENT NATUROPATHIC VISITS COVERED AT: _____
ARE TELEMEDICINE VIDEO VISITS COVERED: YES/NO (CIRCLE)

DEDUCTIBLE: _____ OUT OF POCKET: _____

DEDUCTIBLE MET: _____ OUT OF POCKET MET:_____

PHYSICIAN COINS: _____ VISIT LIMIT: _____

NOTES: