Nichole Slykhous, PMHNP
1720 NW Lovejoy St. Ste 210
Portland, OR 97209

*Insurance Form and Optional Worksheet

If you would like to use your insurance benefits towards your appointments please use the optional worksheet to verify your benefits with your insurance company by phone prior to your first visit. It is our hope this form helps you to understand your plan and costs prior to your visit so that you do not incur any surprise costs that interrupt your care.

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Nichole Slykhous, PMHNP is IN-NETWORK with Regence Blue Cross Blue Shield, Moda & Pacificsource. We can also bill out-of-network to your current plan. While we are glad to bill your insurance carrier on your behalf, it is not possible for us to be aware of each plan's specific requirements for coverage. Your insurance coverage is a contract between you/your employer and the insurance carrier. While we may be a provider of services, we are not a party to your specific contract. Therefore it is your responsibility to understand and comply with any predetermined benefits or referral requirements. As with any provider's office, any charges you incur at Nichole Slykhous, PMHNP which are not paid or adjusted by your insurance carrier will be your sole responsibility.

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Office Information

Provider: Nichole Slykhous, PMHNP

NPI # 1811354871
EIN # 841776623

Insurance Information

Name of Insurance Carrier: _____

Name of Primary Insured Person: _____

Birthday of Primary Insured Person: _____

Member ID: _____

Group Number: _____

Phone number on back of card: _____

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I understand that if I am providing insurance billing information, I hereby authorize Nichole Slykhous, PMHNP to release all information necessary to secure the payment of insurance benefits.

Date: _____

PATIENT SIGNATURE : _____

Nichole Slykhous, PMHNP
1320 NW 20th Ave.,
Portland, OR 97209

Insurance Worksheet

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Is Nichole Slykhous, PMHNP IN-NETWORK with my plan? ☐ IN-NETWORK ☐ OUT-OF-NETWORK

(IF OUT-OF NETWORK) What are my OUT-OF-NETWORK benefits? What is my co-pay/co-insurance for out of network providers? _____

Do I need a referral from a primary-care provider for psychiatry appointments to be covered by insurance? ☐ Yes ☐ No

Does my deductible apply to psychiatry visits? ☐ Yes ☐ No

Total Deductible Amount: _____

Deductible amount paid so far this year: _____

What is my Out-of-pocket maximum? How much have I met so far this year? _____

Is this policy based on a calendar year or contract year? ☐ Calendar ☐ Contract

What is my copay for psychiatry appointments? _____

What is my coinsurance? _____

Does my plan cover Telehealth appointments for psychiatry? ☐ Yes ☐ No

Is there a separate deductible for prescription medications? ☐ Yes ☐ No

Prescription medication deductible amount: _____

What are my lab test benefits? (blood tests) _____

Is LabCorp in-network for my plan? ☐ Yes ☐ No

Is there an HSA or FSA associated with my insurance plan? (you may need to speak with your employer to verify this) _____

Any additional comments? _____