

Acupuncture

**Dr. Wendy  
Rogers**

Naturopathic

DISCOVER YOUR BEST  
SELF

## Vitamin D Authorization

Insurance coverage for Vitamin D testing is only provided for in certain circumstances and varies by insurance company. This testing may not be considered medically necessary by your health plan and the terms of your plan may not pay for these services. You may be responsible for all or part of the cost of Vitamin D testing. Your provider has recommended Vitamin D testing to ascertain your Vitamin D levels because she considers that this will be of benefit to you and your health. Because insurance coverage may vary, we are providing you with several options for Vitamin D testing below. Please select an option and sign the agreement below.

### Options for Vitamin D Testing

- Decline Vitamin D Testing. Your provider will make Vitamin D recommendations according to population Vitamin D statistics.
- Hold Vitamin D Testing and check coverage with your insurance company. Please provide the insurance company with the following codes:
  - CPT Code 82306
  - ICD 10 Code: Z00.00 \_\_\_\_\_
- Order Vitamin D Testing as usual. The lab will bill your insurance and you will be responsible to pay for testing if the cost is not fully covered by your insurance. No estimate is available as lab pricing and insurance policies vary widely.
- Order Vitamin D Testing and pay out of pocket. For this option, your insurance will not be billed. The advantage of this option is that you will know the cost of Vitamin D testing up front.
- Evexia Lab - \$18 plus phlebotomy fee. (This price could change as the lab changes pricing)
- My provider and I have discussed the reasons for requesting Vitamin D Testing and what my alternatives are; my provider has allowed me to make the final decision regarding such services. I have been advised Vitamin D testing may not be covered by my health plan and I will be solely responsible for payment of the recommended services. By signing this document, I am agreeing to pay for these services and charges prior to such services being rendered.

- SIGNATURE: \_\_\_\_\_
- PRINTED NAME: \_\_\_\_\_ DOB: \_\_\_\_\_
- DATE: \_\_\_\_\_

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