



Insurance Questionnaire Form

Sound Integrative Health, PLLC

Please arrive 15 minutes early to your first appointment for registration.

We look forward to meeting you! Please call and confirm your alternative therapy health Insurance benefits and complete the following form prior to your appointment. The number is located on your insurance card.

Date of call
____/____/____

Effective Date
____/____/____

Yearly Deductible
\$ _____

Naturopathic coverage
% covered _____
copay amount
\$ _____

Number of visits allowed _____
Do you need a referral? Yes* / No

Acupuncture coverage %
covered _____
Copay amount
\$ _____

Number of visits allowed _____
Do you need a referral?
Yes* / No

Chiropractic coverage
% covered _____
Copay amount
\$ _____

Number of visits
allowed _____
Do you need a referral? Yes* / No

Is an Annual Physical a covered benefit? Yes / No* *If your insurance requires you to obtain a referral or prior authorization, please obtain this before your appointment. You will be responsible for the cost of the visit and lab work if prescribed otherwise.

Does your insurance require you to choose a Primary Care Provider?

Yes / No

If yes, whom did you choose?

Please bring this form completed, your health insurance card, and completed new patient forms to your appointment.

*It is patient responsibility to record the number of benefits used throughout your treatment with the doctors. Should this form not be completed before your visit, you the patient, assume all responsibility for the charges and knowledge of benefits in all forthcoming visits.

It is our clinic policy to charge new patients and or existing patients scheduled for physical exams, \$50 for all appointments that are missed or cancelled with less than 24 hours notice. Once you are an established patient, the fee for a late cancellation or missed appointment remains \$50.

Thank you,

Sound Integrative Health, PLLC

Patient Signature: _____

Date: _____

