



# Insurance Coverage Checklist

SHHC can bill some insurance plans as a service to you. However, it is important for you to verify your benefits prior to your appointment. Please note that coverage is based on each patient's individual plan. If your insurance company does not pay for the services listed below, you will be responsible for the payment of all services rendered.

**Below is a list of questions to ask your insurance company so you may determine potential out-of-pocket costs\***

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Insurance Rep. Name: \_\_\_\_\_ Reference #: \_\_\_\_\_

Please note that the doctors at our clinic sometimes co-manage patients so even if you think you might not necessarily use a particular service, it's good to know in case it is suggested to you.

*Providers may be listed as practicing at **Sound Holistic Health or Healthy Balance Natural Medicine.***

**Dr. Kevin Shaw ND, LAc NPI # 1659570893; Dr. Leila Kuehner, ND NPI # 1417401928; Dr. Lara Thompson, ND NPI # 1104467778**

Is Sound Holistic Health in-network on my specific plan?  YES  NO

If yes, what is my annual deductible, or coinsurance per member or family? \_\_\_\_\_

If no, does my plan have out-of-network (OON) benefits?  YES  NO

What is my OON annual deductible, or coinsurance per member or family? \_\_\_\_\_

What is my OON co-pay? \_\_\_\_\_

Does my plan cover telemedicine and telehealth?  YES  NO

Do I have Naturopathic Medicine coverage?  YES  NO

Is a referral needed?  YES  NO Does this service require prior authorization?  YES  NO

What is my visit limit? \_\_\_\_\_ What is my co-pay? \_\_\_\_\_

Which services or visit limits are grouped together: acupuncture, chiropractic, physical therapy, massage, naturopathic medicine

\_\_\_\_\_

Do I have acupuncture coverage? (CPT codes 97810-97811, 97813-97814)  YES  NO

If yes, do I need a referral for this service?  YES  NO

Does this service or CPT codes require a prior authorization?  YES  NO

Do I have a co-pay?  YES  NO

If yes, how much? \_\_\_\_\_

What is my annual visit limit? \_\_\_\_\_

Do I have physical medicine coverage? (CPT codes 98925-98929)  YES  NO

If yes, do I need a referral for these services provided by a Naturopathic Doctor?  YES  NO

Do these services or CPT codes require a prior authorization?  YES  NO

What is my annual visit limit? \_\_\_\_\_

Do I have physical therapy coverage? (CPT codes 97140, 97112, 97014, 97032)  YES  NO

If yes, do I need a referral for these services provided by a Naturopathic Doctor?  YES  NO

Does this service or CPT codes require a prior authorization?  YES  NO

What is my annual visit limit? \_\_\_\_\_

**\*Completing this form does not guarantee payment by your insurance.\***