



## Insurance Coverage Checklist

Sound Holistic Health Clinic 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: \_\_\_\_\_ Call Reference #: \_\_\_\_\_

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

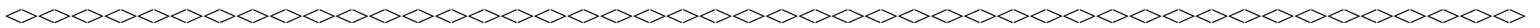
**Facility NPI # 1629450739 // Tax ID: 208434953**

**Dr. Kevin Shaw ND, LAc NPI # 1659570893 // Dr. Leila Kuehner, ND NPI # 1417401928**

### Section 1

**Is Sound Holistic Health & the provider I am seeing in-network on my specific plan?**

- YES → What is my deductible? \_\_\_\_\_ (please skip to the questions in section 2).
- NO → My plan is **not** in-network, but does it offer out-of-network (OON) benefits?
  - YES → What is my OON deductible? \_\_\_\_\_ (please skip to the questions in section 2).
  - NO → **Please stop here and plan to pay out of pocket for your services at our clinic.**



### Section 2

**Do I have Naturopathic Medicine coverage?  YES  NO**

**If YES:**

- Do I need a referral for this service?  YES  NO
- Does this service require prior authorization?  YES  NO
- What is my annual visit limit? \_\_\_\_\_ Co-pay per visit? \_\_\_\_\_ Co-insurance? \_\_\_\_\_

**Do I have Acupuncture coverage?  YES  NO**

**If YES:**

- Do I need a referral for this service?  YES  NO
- Does this service require prior authorization?  YES  NO
- What is my annual visit limit? \_\_\_\_\_ Co-pay per visit? \_\_\_\_\_ Co-insurance? \_\_\_\_\_

**Which services or visit limits above are grouped together (acupuncture, chiropractic, physical therapy, massage, naturopathic medicine)? \_\_\_\_\_**

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