



## Insurance Coverage Checklist

Sound Holistic Health Clinic will bill several insurance companies as a service to you. However, all plans are different and subject to change. We want you to understand your insurance benefits so that you know your financial responsibility and your time here is spent on health and wellness.

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Representative: \_\_\_\_\_

☐ Do I have covered benefits for these services and codes:

**Services:** ☐ naturopathic medicine ☐ acupuncture ☐ physical therapy ☐ massage

**CPT codes:** ☐ 97810-97814 ☐ 98925-98929 ☐ 97140 ☐ 97112 ☐ 97014 ☐ 97032

☐ Do I need a referral for these services or codes?

☐ Do I need a pre-authorization or pre-notification for any of these services or codes?

☐ Are my benefits grouped together (acupuncture, chiropractic, physical therapy, massage, etc.)?

☐ What are my In-Network co-pay, annual deductible and/or coinsurance costs per member or family?

☐ Does my plan have Out of Network (OON) coverage? ☐ YES ☐ NO

If so, does my plan have a specific OON co-pay, annual deductible, or coinsurance per member or family? ☐ YES ☐ NO

☐ Is there a limit on the number of visits or maximum dollar amount per year for in or out of network benefits ? If yes, how many? \_\_\_\_\_

☐ Is Sound Holistic Health in-network or out-of-network on my specific plan?

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

**[Please note: If you would like to see Dr. Thompson but she is not listed on your plan but Dr. Shaw and Dr. Kuehner are listed then you will still be able to see Dr. Thompson under your insurance. ]**

NPI Number: 1659570893 NPI Number: 1417401928 NPI Number: 1104467778

☐ Does my insurance, flex benefit program, and/or health savings account cover prescribed dietary supplements or medical foods? ☐ YES ☐ NO

☐ Does my insurance cover telemedicine for services or conditions? ☐ YES ☐ NO

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