

Dear _____

Thank you for making your appointment on _____ at _____ AM / PM.
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 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

Physical Therapy

Benefit amount _____ Number of visits allowed _____

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, the FULL AMOUNT 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 is \$25.

Thank you,
Evergreen Integrative Medicine LLP

Patient Signature: _____

Date: _____