

WaterLeaf Naturopathic Medicine
2901 NE Blakeley St., Ste 3B
Seattle, WA 98105

Insurance Questionnaire Form

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

We look forward to meeting you! Please call your insurance company (the number is located on your insurance card), confirm your health insurance benefits for naturopathic medicine and complete the following form prior to your appointment:

Date of call

____/____/____

Name of Representative with whom you spoke:

Effective Date of Coverage

____/____/____

Yearly Deductible

\$ _____

Amount of deductible used to date:

\$ _____

Naturopathic 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 completed form along with your health insurance card and completed new patient forms to your appointment.

*It is the patient's 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,
WaterLeaf Naturopathic Medicine, PLLC

Patient Signature: _____

Date: _____