Dr. Katy Koukouras
Integrative Health Associates, LLC
located at Sky Valley Healing Arts
209 Ave D, Suite 100B, Snohomish, WA 98290
360-863-2152, F 360-863-2364

PATIENT RESPONSIBILITY AND INSURANCE BENEFITS DISCLOSURE

Dr. Koukouras understands that is can be difficult to determine the scope of your insurance plan and that insurance may not always cover all of our services. The purpose of this form is to help you fully understand your health insurance package and enable you to get the most from it. While it is **NOT REQUIRED** that you fill out this form, we strongly recommend that you have a complete understanding of your specific insurance plan and benefits.

Some policies have a deductible, this is the amount of money you pay on a claim (or claims) before your insurance begins paying. Some have in-network benefits that are covered at a higher percentage than out of network benefits (which may have a substantial deductible).

Because Dr. Koukouras wants your treatment to be as stress-free as possible and for you to be **fully informed** of your coverage, we highly recommend that you call your insurance company and use this outline to fully understand your particular insurance plan and benefits.

We appreciate your time and thank you for your cooperation.

Insurance Company and Plan Name:		
Insurance Address:		
Insurance Phone:		
Name of Policy Holder:	Date of Birth:	Gender: □Male □ Female
Prefix:	ID Number:	Group/ Policy number:
Copay: $	**Effective Date:**	
Do I have a deductible: ☐ YES ☐ NO	If Yes, what is it? How much has been met?	
Do I have out-of-network benefits: ☐ YES ☐ NO	If yes, what is the percentage that is covered for out of network providers:	
Do I have Co-Insurance? ☐ YES ☐ NO	If Yes, what is my max?	
Insurance verification representative (who you speak with to verify):		

Naturopathic benefits		
Am I covered for naturopathic benefits?	☐ YES ☐ NO	
What percent does insurance cover?		
What percent am I responsible for?		
Is a referral required?	☐ YES ☐ NO	

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Do I have a co-pay?	☐ YES ☐ NO	If yes, what is my copay:
Are my naturopathic benefits subject to my deductible?	☐ YES ☐ NO	If yes, what is my deductible:
Do I have preventative care coverage?	☐ YES ☐ NO	
Does this include routine lab work with "V" codes?	☐ YES ☐ NO	
Am I covered for prolonged visit codes?	☐ YES ☐ NO	
Are there any exclusions?	☐ YES ☐ NO	

Diagnostic Testing Benefits:		
Am I covered for diagnostic testing?	☐ YES ☐ NO	
What percent does insurance cover?		
What percent am I responsible for?		
Is a referral required?	☐ YES ☐ NO	
Are labs subject to my deductible?	☐ YES ☐ NO	
Has my deductible been met?	☐ YES ☐ NO	If Yes, how much?
Are there any restrictions for testing?	☐ YES ☐ NO	If Yes, what are they?
Are there any exclusions?	☐ YES ☐ NO	

Massage/ Manual Therapy Benefits:		
Am I covered for manual therapy?	☐ YES ☐ NO	
What percent does insurance cover?		
What percent am I responsible for?		
Is a referral required?	☐ YES ☐ NO	
Is manual therapy/ massage subject to my deductible?	☐ YES ☐ NO	
Has my deductible been met?	☐ YES ☐ NO	If Yes, how much?
Are there any restrictions for manual therapy?	☐ YES ☐ NO	If Yes, what are they?
Are there any exclusions?	☐ YES ☐ NO	
How many visits per year am I covered?		

Acupuncture:		
Am I covered for acupuncture visits?	☐ YES ☐ NO	
What percent does insurance cover?		

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What percent am I responsible for?		
Is a referral required?	☐ YES ☐ NO	
Is acupuncture subject to my deductible?	☐ YES ☐ NO	
Has my deductible been met?	☐ YES ☐ NO	If Yes, how much?
Are there any restrictions for acupuncture?	☐ YES ☐ NO	If Yes, what are they?
Are there any exclusions?	☐ YES ☐ NO	
How many visits per year am I covered?		