DR. DON HARRIS

Integrative Health & Nutrition

Insurance Information (if applicable)

Name of Patient_____ DOB_____ SS# 0f Patient_____/_____/_____

Name of Insured (If Different)_____ Relationship_____

Social Security Number of Insured (if different)_____

Address of Insured_____

Town_____ State_____ Zip_____

Name of Insurance Company_____

Address of Insurance Company_____

Telephone Number of Insurance Company_____

Policy or Group Number_____ ID Number_____

I understand that if I am not eligible for coverage under the terms of the above named health plan, I am liable for all charges for services rendered and agree to pay in full.

I authorize the release of any health information necessary to process this claim. A photocopy of this shall be as effective and valid as the original.

I authorize payment of medical benefits to the provider listed who accepts assignment through his/her contract with Health Plans or representative.

I understand that I am responsible for all non-covered services, deductibles, co-payments and notifying Initium immediately of any changes in insurance coverage.
I authorize payment to be made directly to Initium.

Patient Signature _____

Office Use Only

Insured Effective Date _____

1) Does this policy include benefits for chiropractic care? _____

2) Is this an HMO / PPO Insurance? _____

   a.) If so, can you tell me if we are a Provider or who I need to contact to find out? _____

   b.) How do we enroll? _____

3) Is there a pre-existing clause? _____ What is the time frame? _____

4) Is there a deductible? _____ How much has been met? _____ When does it Begin?_____

5) What percentage does their major-medical insurance pay?_____

   a.) Does this include spinal manipulation? _____ Does this include therapy and rehab by a Chiro?_____

   b.) Does this include electrode conductive pads? _____ Does this include laboratory work(blood)?_____ Supplements?_____

   Allergy_____ Arthritis_____ Hormones_____

6) Is there a maximum number of visits allowed per year? _____Is there a maximum payment allowed per office visit?_____

7) Are the maximum amounts for Services Provided or Benefits Paid?_____

8) What is the percentage of x-ray and lab coverage? _____ Is that subject to the deductible?_____

9) Does the policy pay for braces, supports, and orthotics? _____ Will the insurance honor the doctor's assignment of payment?_____

10) Does the policy pay for maintenance care? _____ Is Office Visit considered medical benefit or chiropractic

11) If new injury occurs does plan start over?_____