



INSURANCE POLICY COVERAGE INQUIRY

Member's Name: _____	Date: _____
Member's Mailing Address: _____	
Member's Email Address: _____	Telephone Number: _____
Group (Employer) Name: _____	
Policy Year: _____	Policy Number: _____

Kingston Integrated Healthcare Inc. is a fee-for-service integrative health facility featuring ten or more multi-disciplinary health professionals. Our client would appreciate your confirmation of insurance coverage for the following health services recommended by one of our team members:

- Acupuncture** performed by (choose one):
Registered Acupuncturist (R.Ac)/Naturopathic Doctor (ND)/Registered Physiotherapist
- Osteopathy** performed by an Osteopathic Manual Practitioner (DOMP)
- Registered Massage Therapy (RMT)** *without* a referral from an MD (yes/no) **or** *with a referral* from a primary care Naturopathic Doctor (yes/no)
- Mental Health Counselling** from a Canadian Certified Counsellor (CCC)
- Nutrition Counselling** from a Registered Holistic Nutritionist (yes/no) or Naturopathic Doctor (yes/no)
- Service by other health professional:** _____
- Natural Health Supplements (NHPs)** *prescribed* by a primary care Naturopathic Doctor
- Medical testing** requisitioned by a Naturopathic Doctor (ND), \$ _____:
 - Urinary Organic Acids Testing (In Common Labs) _____
 - Comprehensive Stool Analysis (In Common Labs) _____
 - Urinary steroid hormones (Rocky Mountain Analytical) _____
 - Urine toxic metals (Rocky Mountain Analytical) _____
 - Blood or urine testing (Life Labs) _____
 - Other: _____

Please contact your client with the details of their extended health benefits plan as it pertains to this request. Your participation in their effort to improve their health is genuinely appreciated.

Kingston Integrated Healthcare Inc.

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