



## 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): Is Membership with a particular professional Osteopathic association **required**?
- 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 ("DUTCH" Precision Analytical) \_\_\_\_\_
  - Urine toxic metals (Doctor's Data) \_\_\_\_\_
  - 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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