Virender Sodhi, M.D. (Ayurved), N.D.
Shalinder Sodhi, B.A.M.S., R.D.M.S., N.D.
Anju Sodhi, B.A.M.S., N.D.
PANCHA KARMA TECHNICIANS:
Rekha Sodhi, Suzanne Silvermoon, LPN

2115 - 112th Ave NE, suite 200
Bellevue, WA 98004-2946 | USA
425.453.8022 · FAX 425.453.1408
reception@ayurvedicscience.com
https://ayurvedicscience.com

Patient Name: _____
Last First Middle or Initial
Home Phone: ( )_____Work Phone: ( )_____
E-Mail Address: _____ Birth Date:_____

Sex: Male _____ Female _____ Other_____ Doctor Name: _____

Insurance Name: _____
Address:_____
Phone Number: _____
Customer Service Representative:_____
Subscriber Name: _____
Last First Middle or Initial
Subscriber Date of Birth:_____
Subscriber Address if Different:_____

ID Number: _____ Naturopathic Coverage? _____

Group Number: _____ Office Co-Pay/Co-Ins: _____

This form is used so that you can verify your insurance eligibility. Prior to your visit, please check to see if you have Naturopathic Office Visit coverage. If not, you must agree to take financial responsibility to pay the physician's usual and customary rate.

I agree to these terms and conditions.

Patient Signature _____

Signature of Guardian if Minor: _____

Please verify insurance information prior to your visit.
Once you have completed all the enclosed information, please email it to us reception@ayurvedicscience.com or fax it to 425-453-1408