



Functional Mind LLC  
250 Wampanoag Trail Suite #305  
Riverside, RI 02915  
Ph: 401-270-4541 • Fax 401-270-4081

Thank you for your interest in our clinic. We look forward to meeting you!

We encourage all our patients to contact their insurance company prior to their visit so they are fully aware of all the out of pocket costs before they start their new journey with Functional Mind.

Please use the number on your insurance card and have the following information ready before you call:

Patient Name: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_  
Policy#: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Date: \_\_\_\_\_  
Spoke To: \_\_\_\_\_  
Time: \_\_\_\_\_

Questions to ask:

- |  |       |    |
|--|-------|----|
| 1. Does my insurance cover out of network services                                   | Yes   | No |
| 2. What is my Family/Individual Deductible and does it include labs?                 | _____ |    |
| 3. What is the amount of deductible met to date?                                     | _____ |    |
| 4. Does my insurance cover conventional labs ordered by<br>out of network providers? | Yes   | No |
| 5. Do I have to go to a specific lab (Quest, Est Side, Mercy etc.)                   | _____ |    |
| 6. If yes, is there any deductible on labs?  | Yes   | No |
| 7. Where do I find the reimbursement paperwork to file claim?                        | _____ |    |

Type of Service: Medical Office Visit

**CPT Codes:**

New Visit	99204	(2 hrs)
	99205	
Follow up visit	99215	(1 hr)
	99214	(1/2 hr)