

Chiropractic Insurance Verification Form

Our office is set up to utilize direct payment from insurance companies. This is done as a service to our patients and there is no charge for this service. However, it is important that you understand that health and accident insurance policies are an arrangement between you and your company. You are personally responsible for all service charges incurred in our office. We expect payment in full when services are rendered.

Patient's name: _____

Please fill out this form and return it to our office at your next visit. Here is what you do to verify coverage for chiropractic care:

DATE you called your insurance company: _____

NAME of the person who gave you information: _____

JOB TITLE of the person who gave you information: _____

CALL your insurance company and ask the following questions:

1. Does my policy cover chiropractic: Yes No
 - A. If yes, are there limits to my coverage: Yes No
 - » What are those limits: _____
 - B. Will they cover:
 - » Cervical supports: Yes No
 - » Spinal traction: Yes No
 - » Nutritional supplements: Yes No
 - » Structural supplements: Yes No
 - C. Is there a limit to the number of visits allowed: Yes No
 - » If yes, how many: _____
2. What is the deductible: _____
 - A. Is it yearly: _____
 - B. Has it been paid: Yes No
 - » If yes, how much: _____
 - C. Is there a family deductible: Yes No
 - » If yes, how much: _____
 - D. Is there carry-over: Yes No
 - » How long: _____
3. What percentage of my bills will my policy cover: _____
4. What is the effective date of my policy: _____
5. Can benefits be assigned to my chiropractic office: _____
6. What is the address of the office where the claims are sent: _____

continued...

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7. To whose **attention** is claim sent: _____
8. Phone number of insurance company: _____
9. Policy number: _____
- A. Individual policy: Yes No
- B. Group policy: Yes No
- C. Name policy is under: _____
10. Please check **one** that applies to your case:
- Major medical
- Personal injury
- Industrial accident / Worker's Compensation
- Auto accident

OBTAIN insurance form from your agent or place of employment. Fill in the required personal information. Where applicable, have your employer fill in the indicated section, then bring the form to our office. This questionnaire and your insurance form should be brought to our office within two weeks of your first visit. Once your coverage is confirmed, we may accept payment directly from the insurance company.

If you have any questions or problems, please direct them to the office staff.

The above statements and answers are true,

Signature

Date

Name printed