Insurance Coverage Verification Report

As a service to you, our office will submit your insurance claims for you at no charge. Your insurance policy is a contract between you and your insurance company; therefore you are personally responsible for all charges incurred in this clinic. Payment in full is expected until your insurance coverage is verified.

To verify your coverage you must do the following:

1. Call your insurance company.
2. Ask the following questions and complete this form.
3. Return this completed form to our office.

May I please have your full name and title?_____ Date:_____

Patient's Name:_____ Patient ID#:_____
Insured Name:_____ Soc. Sec. #:_____
Employer:_____ Group#:_____
Insurance Co:_____ Ins. Co Ph#:_____
Claims Address:_____ Other ID#:_____
Is this policy still in effect?_____ If yes, give effective date:_____

Is there a deductible?_____ What is the deductible annual beginning date?_____
What date is the next deductible due?_____ Has the deductible been met for this policy period?_____
If not, how much has been applied so far?_____
Is there a per visit copayment?_____ If so, how much is the copayment?_____
What percentage is paid on covered benefits?_____ How much is the out-of-pocket expense limit?_____ Does this include the deductible and copayment?_____
Is coverage of chiropractic services included in this policy?_____
If not, what limitation is stated in the policy?_____
Are there any accidental benefits in this policy?_____ If so, please desribe:_____

Services

Other than the benefits already stated, what are the limitations or stipulations for:

Examinations:
follow-up exams:
x-rays:
follow-up x-rays:
lab procedures:
orthopedic supports:

Spinal Manipulation:
extremity manipulation:
joint mobilization:
myofascial release:
activities of daily living:
neuromuscular re-education:

massage:
manual traction:
acupuncture:
rehabilitation procedures:
other therapies & modalities:
nutritional supplements:

What is the limit on the number on visits per condition?_____ or service limits?_____
What is the maximum number of visits allowed per year?_____ or services per year?_____
Will the doctor's Assignment of Benefits be honored?_____
Where are the bills to be submitted?_____
Are photocopies of the original insurance form with the bills attached sufficient for processing?_____ Is one original claim form required per year?_____ If yes, has it been received this year yet?_____

If you have any questions or need assistance verifying your insurance coverage, please do not hesitate to ask us. The above statements and answers are true and correct to my knowledge.

_____ Date_____
Patient's Signature
Please return to Back to Health Chiropractic Clinic on your next visit.