

Patient's Guide to Insurance Verification

As a courtesy we will attempt to verify your insurance coverage for you. However, we also encourage you to verify your own insurance benefits as a double-check to the accuracy of the information told to us. Remember that this information is not a guarantee of payment to us and that you are ultimately responsible for payment of services in our office.

We have developed the following guide to assist you with this verification process. Attempt to record the answers to all the questions on this form in order to properly cross-check with our verification process. It should take approximately 10 minutes to complete this process.

Step 1: Have your current insurance card ready to provide your ID# and/or Group # to the representative.

Step 2: Call the number on your card and say, "Hi, this is (*your name*) and I'm calling to verify my coverage benefits for chiropractic, physical therapy, rehab and massage therapy."

Step 3: It is important to record the representative's name, date and time of your conversation.

Date:____/____/____ Time:_____ Rep Spoken to:_____

Step 4: Ask the following questions and record the responses.

"Is Back to Health Wellness Center, Dr. Dale Applegate, or Dr. Matthew Kirkham participating with or part of your network?" Yes No

If not 'in-network' then ask, "Is there an out-of-network benefit?" Yes No Details:_____

"Do I need a primary care physician referral?" Yes No

"Is there a deductible?" Yes No Amount: \$_____

"Has my deductible been met this year?" Yes No Remaining Deductible: \$_____

"Is there a maximum allowable payment for each date of service?" Yes No Amount: \$_____

"Is there limits to my coverage?" Yes No Details:_____

"Are the following recommended treatments covered:

Examination codes 99203 and 99213	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spinal Manipulation code 98941	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extra-spinal Manipulation code 98943	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrical Muscle Stimulation code 97014	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical Traction code 97012	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Therapeutic Exercises code 97110	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neuromuscular Re-education code 97112	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manual Therapy code 97140	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ADL and Self Care code 97535	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintenance Adjustment code S8990	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Massage code 97124	<input type="checkbox"/> Yes	<input type="checkbox"/> No

"Can you send me confirmation of this conversation?" Yes No Confirmation #:_____

Step 5: Bring, fax or e-mail this completed form to the office. Your feedback is appreciated for how we might improve this form. Please feel free to call our office for questions or for help completing this form at (219) 326-5100 [fax: (219) 326-0180 and email: insurance@laportewellness.com.]