

Using Health Insurance?

Because your insurance policy is an agreement between you and that particular company, we ask that you call and determine what your benefits are. Please use this form to assist you in getting your questions answered and helping you understand your chiropractic benefits. Feel free to ask your insurance representative any additional questions you may have.

1. Call the Customer Service/Member # on your insurance card. Follow the automated steps to receive your member benefits.
2. What is Insurance Representatives name: _____
 - a. Date: _____ Time: _____
3. My name is _____; I am calling to see what my chiropractic benefits are.
4. I will be seeing Dr. Nicole Ramirez with Yost Family Chiropractic.
Is she in or out of network? _____
5. Is there a deductible? {YES} {NO} (circle one)
 - a. If YES, what is my deductible amount? _____
 - b. How much has been applied to my deductible? _____
6. What are my chiropractic benefits?
 - a. Co-Insurance: _____
 - b. Copay: _____
7. Are there any policy limitations such as a dollar amount or number of office visits?

 - a. If YES, has anything been already applied to these limitations? _____
8. What is my policy period? (example: calendar year) _____
9. Is authorization and/or referral required for my plan? _____
10. Are my covered benefits based on medical necessity? {YES} {NO} (circle one)
11. Provide your insurance representative with the following codes. Find out if they have the same chiropractic benefit quoted above or if they have a separate benefit.
 - a. Are x-rays covered, if done in the office? _____
 - b. CPT Code 99202 (Exam): _____
 - c. CPT Code 97014 (Muscle Stimulation Therapy,): _____
 - d. CPT Code 97112 (ART, Muscle Therapy): _____
 - e. CPT Code 29200 (Kinesotape Strapping): _____

Consultations are free of charge and all fees will be discussed before any services are rendered

PS – Have an HSA or FLEX account? Great news! Take advantage of reduced fees (sometimes even better than your insurance benefits!) by using these tax savings accounts!

Patient Print Name: _____ Patient Sign: _____ Date: _____