CHIROPRACTIC INSURANCE VERIFICATION

Our office is set up to utilize direct payment from insurance companies. However, it is important that you understand that health and accident insurance policies are an arrangement between you and your insurance company. For your benefit, please call and verify your chiropractic insurance coverage.

You are personally responsible for all service charges incurred in our office.

Please fill out this form and return it to our office at your next visit.

Patient name _____
Phone # of the insurance company ( )_____
Insurance policy # _____
Name policy is under _____ Policy holders date of birth _____
Your relationship to the policy holder _____
Date you called your insurance company _____

Call your insurance company and ask the following questions:

- Name of the person who is giving you the information _____ Job title _____
- Is East Stadium Chiropractic in network with my insurance company? _____Yes _____No
- Does my insurance policy cover chiropractic? _____Yes _____ No
- How much is the individual in network deductible? $ _____ Is that yearly? _____ Yes _____ No
- How much is the individual out of network deductible? $ _____ Is that yearly? _____Yes _____No
- How much of the individual deductible is remaining? In network $_____ Out of network $_____
- How much is the family in network deductible? $_____ Is that yearly? _____Yes _____No
- How much is the family out of network deductible? $ _____ Is that yearly? _____Yes _____No
- How much of the family deductible is remaining? In network $_____ Out of network $_____
- Is there a limit to the number of spinal adjustments covered by my policy? _____ Yes _____ No
- How many spinal adjustments? _____ Is that yearly? _____ Yes _____ No
- Is there a dollar amount maximum on my policy? _____ Yes _____ No How much? $ _____
- Is the dollar amount maximum yearly? _____Yes _____No
- What is my co-pay? _____
- What is my coverage for chiropractic x-rays? _____
- What is my coverage for office visits & exams?_____
- What is the effective date of my policy? _____
- Does my policy year start in January? _____ Yes _____ No If no, when does it start? _____
- What is the address of the office where the insurance claims are sent? _____
- _____
- To whose attention is the claim sent? _____
- Can benefits be assigned to my chiropractor's office? _____Yes _____No

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

I have verified the above statements and answers through my insurance company.

_____ _____
Patient signature Date