

CHIROPRACTIC INSURANCE VERIFICATION

It is important to understand that health and accident insurance policies are an arrangement between **you and your insurance company**. You are responsible for all service charges incurred in our office. We expect payment in full when the services are rendered until your insurance coverage has been verified. You will need to fill out this form and return it to our office on your next visit.

Call your insurance company and state: **I NEED TO VERIFY CHIROPRACTIC COVERAGE FOR A NON PROVIDER.**

Patient name: _____ Date called: _____

Name of person you spoke with (first and last): _____

Name of insurance company: _____

Address to send claims: _____

ID #: _____ Group #: _____

Does my policy cover Chiropractic? _____ yes _____ no

What is my deductible? \$ _____ How much has been met? \$ _____

What does my policy cover for x-rays? _____

What percentage of my bills does my policy cover? _____% or if there is a pre-set amount, how much is it? \$ _____

How many visits are allowed? _____

Is there maximum dollar or visit amount per year? _____

Are there any other limitations? _____

PATIENTS SIGNATURE