

Blau Family Chiropractic

CHIROPRACTIC INSURANCE VERIFICATION FORM

Here is what you do to verify coverage for Chiropractic Care:

Call your insurance company and ask the following questions:

- Name of person who gave you the information? _____
- Does my policy cover Chiropractic? _____
- If yes, are there any limits to my coverage? _____
- What are those limits? _____
- Is there a limit to the number of visits allowable? _____
- If yes, how many? _____
- Will they cover cervical and lumbar pillows? _____
- Ice packs? _____
- Licensed massage therapy? _____
- Structural supports? _____
- What is the deductible? _____
- Is that yearly? _____
- Per person? _____
- Has it been met? _____
- If no, how much has been paid? _____
- What percentage of my bills will my policy cover? _____
- What is the effective date of my policy? _____
- Can benefits be assigned to my Chiropractor's office? _____
- Name & address of the insurance office where the claims are sent

- Phone number? _____ Policy number? _____
- Are there any numbers required on the claim forms? _____
- If yes, what are those numbers? _____
- Is this an individual policy or group policy? _____
- Name policy is under? _____
- Please check one that applies to your case:
Major Medical _____ Personal Injury _____ Auto Accident _____
Workers Comp _____
- Is there an accident rider on my policy? _____
- Are there any preexisting clauses? _____
- If yes, what are they? _____

If you have any questions or problems, please direct them to your insurance manager. I understand that the above information is a quote of benefits, not a guarantee of payment. My insurance company has the right to deny payment at any time. I understand I am ultimately responsible for all care received. The above statements and answers are true _____

Patient's signature