

## 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 \_\_\_\_\_  
Worker's Comp \_\_\_\_\_
  - Is there an accident rider on my policy? \_\_\_\_\_
  - Are there any pre-existing clauses? \_\_\_\_\_
  - If yes, what are they? \_\_\_\_\_
- \_\_\_\_\_

If you have any questions or problems, please direct them to the insurance manager.

The above statements and answers are true \_\_\_\_\_

Patient's signature