

# Insurance Verification Form 2018 for Patients

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_

Please help us gather the information needed to understand your insurance coverage.

Often times you can get this information online. If so, please print out the answers to the questions below directly from your insurance carrier's website.

If this option is not available, then call the phone number on the back of your insurance card.

In either case, please help gather the following information.

Does your plan cover chiropractic care? **Yes No**

What is your **Chiropractic Copay for 2018** (sometimes this may be listed as a Specialist Copay or even set up as a co-insurance).

○ Chiropractic (or specialist) Copay \_\_\_\_\_

• Coinsurance \_\_\_\_\_

Do you have an **HSA** (Health Saving Account) **Yes No**

Is there a Deductible?

○ What is the amount? \_\_\_\_\_

▪ How much has been met to date? \_\_\_\_\_

• What is the amount remaining? \_\_\_\_\_

Do you have an HRA attached to your insurance plan (Health Reimbursement Agreement) **Yes No**

Is there a specific number of chiropractic visits allowed in a given year? \_\_\_\_\_

Is a PCP referral needed? **Yes No**

Are there any exclusion or limitations? **Yes No**

Notes: \_\_\_\_\_

Due to continual changes in HIPAA Laws & the Insurance Industry it has become more difficult for us to verify your chiropractic benefits. Therefore, your help is necessary. Thank you!!

Insurance Company: \_\_\_\_\_ ID# \_\_\_\_\_

Contact Person: \_\_\_\_\_ Reference #: \_\_\_\_\_