



## Health Insurance Verification

It is important to understand that health and accident insurance policies are an agreement between you and your insurance company. You are ultimately responsible for payment of your account, should your insurance company fail to pay. We ask for payment in full at time of service. To ensure that you have the most accurate information possible, call your insurance company and ask the following questions. This outline will help you to verify your health coverage in your policy. If this is an injury due to an accident, be sure to inform your insurance company. Our staff is ready to help if you have any questions or problems.

Is this visit accident related? YES  NO

If yes, did you inform your insurance company? YES  NO

Date you called your insurance company: \_\_\_\_\_

Name of person who gave you the information: \_\_\_\_\_

### Ask your insurance company the following questions:

1. Does my policy cover chiropractic exams? YES  NO  If yes, limits? \_\_\_\_\_
2. Does my policy cover chiropractic re-exams? YES  NO  If yes, limits? \_\_\_\_\_
3. Does my policy cover chiropractic treatments/adjustments? YES  NO  If yes, limits? \_\_\_\_\_
4. Does my policy cover physical therapy? YES  NO  If yes, limits? \_\_\_\_\_
5. Does my policy cover massage therapy? YES  NO  If yes, limits? \_\_\_\_\_
6. Does my policy cover manual therapy technique? YES  NO  If yes, limits? \_\_\_\_\_
7. Does my policy cover medical nutrition therapy? YES  NO  If yes, limits? \_\_\_\_\_
8. Does my policy cover therapeutic exercise? YES  NO  If yes, limits? \_\_\_\_\_
9. Does my policy cover preventive/wellness interventions? YES  NO  If yes, limits? \_\_\_\_\_
10. Is there a limit to the number of visits allowable? YES  NO  If yes, limits? \_\_\_\_\_
11. Is there a limit to the maximum dollar amount? YES  NO  If yes, limits? \_\_\_\_\_
12. What is my deductible? \_\_\_\_\_ How much has been paid? \_\_\_\_\_  
When does it start over again? \_\_\_\_\_
13. What percentage will my policy cover out of network? \_\_\_\_\_
14. What is the effective date of my policy? \_\_\_\_\_ Policy # \_\_\_\_\_
15. What is the address where the claims should be sent?  
Insurance Co: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Claim Contact Person: \_\_\_\_\_  
Policyholder Name: \_\_\_\_\_  
Social Security # of Policyholder: \_\_\_\_\_