

Insurance Verification Form for Chiropractic Care

You can verify this information yourself by phone with your insurance carrier. Have your insurance ID card and policy number in front of you. Then, call your insurance company and ask the following questions. Bring this form in with you on your first or second visit to Korwitz Chiropractic Center. (If you change your coverage during care, you will need to provide us with the new or updated information immediately.)

Patient's name _____

1) Name of the insurance contact person _____

2) Does my policy cover Chiropractic care?
YES -continue with the questionnaire **NO** -no need to proceed further

3) Does my plan participate in a PPO? If so, which PPO? _____

4) Are there any limits to my coverage? **YES** _____ **NO** _____
What are those limits? (Be as specific as possible)

5) Are physical therapy services such as ultrasound and electrical stimulation covered when performed by a chiropractor? **YES** _____ **NO** _____

6) Determine coverage on the following:

Acupuncture?	YES _____	NO _____
Orthotics or Braces?	YES _____	NO _____
Cervical Pillows	YES _____	NO _____
Nutritional Supplements	YES _____	NO _____
Massage Therapy	YES _____	NO _____

7) What is the **DEDUCTIBLE** amount per Calendar year? _____
a) (Note: If your plan does not have a Calendar Year deductible, provide the Plan Year dates: _____)
b) Deductible satisfied for the current year? **YES** _____ **NO** _____
If **NO**, how much remains? _____

8) What **PERCENTAGE** of my bills does my policy cover?
In network _____% and out of network _____%

9) What is the **EFFECTIVE DATE OF MY POLICY**? _____

10) Is a claim form required? First submission? **YES** _____ **NO** _____
Every submission? **YES** _____ **NO** _____

IMPORTANT NOTE: If a claim form is required, please obtain one from your employer as soon as possible, and **COMPLETE ALL REQUIRED PATIENT INFORMATION**