MY BENEFITS

INSURANCE VERIFICATION INSTRUCTIONS

INSTRUCTIONS: *Completing this verification with your insurance provider will ensure that we have the most accurate and up-to-date benefit information to determine the insurance support you can expect for your chiropractic care. Follow these simple steps.*

Step 1: Locate your "benefits" number on your insurance card (usually located on the back).

____ ____ ____ - ____ ____ ____ - ____ ____ ____ ____

Insurance Benefits Phone Number

Step 2: Ask the benefits representative the following questions:

a) "Do you support chiropractic care (adjustments & services)?" ☐ YES ☐ NO

b) "Do I have a deductible?" ☐ YES ☐ NO "If yes: "How much?" $_____

"Is this a "Family Deductible"?" ☐ YES ☐ NO

"What is left before my deductible is met?" $_____

c) "Do I have a co-pay?" ☐ YES ☐ NO "If yes: "How much per visit?" $_____

d) "Do I have a maximum benefit amount?" ☐ YES ☐ NO "If yes: "What is the amount per year?" $_____

e) "Where do I send my claims?"

_____

Address 1

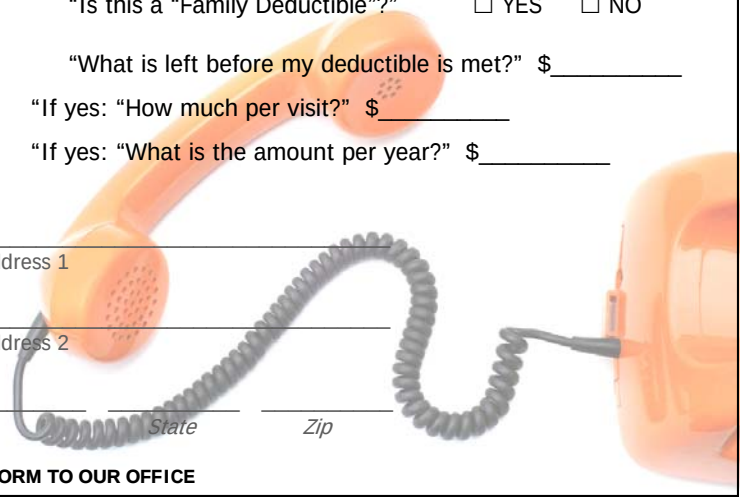
_____

Address 2

_____ _____ _____

City *State* *Zip*

RETURN THIS FORM TO OUR OFFICE



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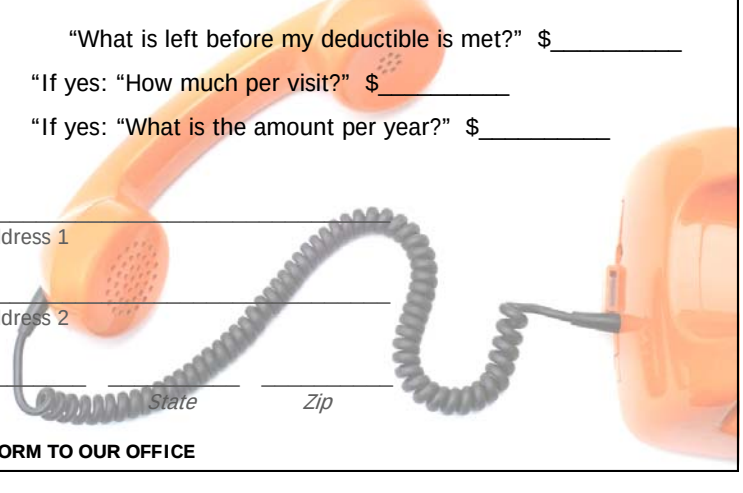
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