

This is the information we need in order to bill your insurance for your services here:

****Be sure to bring your card with you if you would like us to submit claims on your behalf.***

Date: _____

Patient Name: _____

Patient Birthdate: _____

Insured Name: _____

Insured Birthdate: _____

Insured Address: _____ **Sex:** M ___ F ___

Primary Insurance Company: _____ **Ph#** _____

Address: _____

ID# _____ **Group#** _____

Secondary Insurance Company: _____ **Ph#** _____

Address: _____

ID# _____ **Group#** _____

Relationship of Patient to Insured: Self: ___ Spouse: ___ Child: ___ Other: ___

Illness/Injury/Accident Date: _____ **Time:** _____ **AM/PM** _____

Social Security # _____

Questions to ask your insurance company:

Is there coverage for Chiropractic care? _____

Are your benefits based on a calender year? (i.e. Jan-Dec) Or is it some other? _____

Is there a co-pay? _____ **How much?** _____

Is there a deductible? _____ **How much?** _____ **How much has been met so far?** _____

Is there a family deductible? **How much?** _____ **How much has been met so far?** _____

Is there a benefit maximum? (This will be a \$\$ amt. or # of visits) _____

Are number of visits being counted while meeting the deductible? _____

How much of the benefit maximum has been used this year? _____

Is the coverage for chiropractic shared with other therapies like acupuncture or massage? _____

****If insurance verification is not completed, there will be a \$25 service fee for the office to verify.
Or, you can just pay for services in full.***