

# Chosen Chiropractic Insurance Benefits Verification

Please complete all applicable sections.

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Call: \_\_\_\_\_ Time of Call: \_\_\_\_\_ AM PM Person I Spoke With: \_\_\_\_\_

---

---

## Private Insurance -

Insurance Company: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy is Based on:  Calendar Year  Other: From \_\_\_\_\_ To \_\_\_\_\_

Effective Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Claims Address: \_\_\_\_\_

## Questions to Ask - Chiropractic

Does Policy Cover Chiropractic?  Yes  No Is a Referral or Pre-Authorization Required?  Yes  No

How Much is Covered for Chiropractic? \_\_\_\_\_% Visit or \$ Limit: \_\_\_\_\_

Exams? \_\_\_\_\_% Visit or \$ Limit: \_\_\_\_\_ X-rays? \_\_\_\_\_% Visit or \$ Limit: \_\_\_\_\_

Rehab? \_\_\_\_\_% Visit or \$ Limit: \_\_\_\_\_ Office Visits? \_\_\_\_\_% Visit or \$ Limit: \_\_\_\_\_

How Much is The Copay? \$ \_\_\_\_\_ The Deductible? \$ \_\_\_\_\_ How Much Has Been Met? \$ \_\_\_\_\_

Are Support Braces and Traction Devices Covered?  Yes  No How Much? \_\_\_\_\_% \$ Limit: \_\_\_\_\_

## Questions to Ask - Massage Therapy

Does Policy Cover Massage Therapy?  Yes  No Is a Referral or Pre-Authorization Required?  Yes  No

How Much is Covered for Massage Therapy? \_\_\_\_\_% Visit or \$ Limit: \_\_\_\_\_

How Much is The Copay? \$ \_\_\_\_\_ The Deductible? \$ \_\_\_\_\_ How Much Has Been Met? \$ \_\_\_\_\_

---

---

## Personal Injury/Accident -

Insurance Company: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Claim #: \_\_\_\_\_ Claims Manager: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Phone #: \_\_\_\_\_

Claims Address: \_\_\_\_\_

## Questions to Ask - Chiropractic

Does Policy Cover Chiropractic?  Yes  No Is a Referral or Pre-Authorization Required?  Yes  No

How Much is Covered for Chiropractic? \_\_\_\_\_% Visit or \$ Limit: \_\_\_\_\_

## Questions to Ask - Massage Therapy

Does Policy Cover Massage Therapy?  Yes  No Is a Referral or Pre-Authorization Required?  Yes  No

How Much is Covered for Massage Therapy? \_\_\_\_\_% Visit or \$ Limit: \_\_\_\_\_

---

---

**Verification of insurance eligibility and benefits is not an authorization for services nor a guarantee of payment. Coverage is subject to claims review. Ultimately, co-pays, co-insurance, deductibles and any outstanding balance unpaid by the Insurance Company is the responsibility of the patient.**

Signature of Patient or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Patient or Representative: \_\_\_\_\_