

*** INSURANCE VERIFICATION FORM ***

IMPORTANT: THIS INFORMATION DOES NOT GUARANTEE PAYMENT FOR SERVICES.

ATTN MEDICARE PATIENTS – Please fill out sections 1, 2 and 3 for your secondary or supplemental insurance then proceed to the directions at the bottom under the black line. DO NOT CALL MEDICARE.

DATE OF CALL _____ CONTACT NAME _____ INITIALS _____

1. PATIENT NAME _____ DOB: _____

RELATIONSHIP TO POLICYHOLDER ___ SELF ___ SPOUSE ___ CHILD ___ OTHER

2. POLICYHOLDER INFORMATION

NAME: _____ ID# _____

DOB: _____

3. INSURANCE COMPANY _____ (HMO,PPO,POS,MC)

EFFECTIVE DATE: _____ CONTRACT YEAR: _____

4. BENEFITS/LIMITS: IN-NETWORK _____ OUT-OF-NETWORK _____

SPINAL MANIP – COPAY _____ COINS _____ INS COVERAGE _____

DED _____ MET (yes or no? If yes, how much?) _____

REF _____ PREAUTH _____ PH# _____ LIMITS _____

THERAPY/REHAB - COPAY _____ COINS _____ INSCOVERAGE _____

DED _____ MET (yes or no? If yes, how much?) _____

REF _____ PREAUTH _____ PH# _____ LIMITS _____

XRAYs – COPAY _____ COINS _____ INS COVERAGE _____

DED _____ MET (yes or no? If yes, how much?) _____

CONSULTS - COPAY _____ COINS _____ INS COVERAGE _____

BILLING ADDRESS SAME AS CARD? _____

*** NOTE: If this is a United Healthcare patient, please call the ACN Automated System and check the group number to see if ACN notification is required. (1-888-329-5182) ___ Yes ___ No**

To be filled out by MEDICARE patients only. (ANSWER 'YES' OR 'NO')

Do you have a secondary insurance policy? _____ *If yes, then please fill out sections 4 and 5*

OR

Do you have a supplemental insurance policy to Medicare? _____ *If yes, proceed only to section 5 below.*

5. MEDICARE SUPPLEMENT INSURANCE

Will your policy pay the yearly Medicare deductible? _____

After Medicare pays their portion of the bill, does your supplemental pay the co-insurance? _____

Does your policy have an automatic crossover with Medicare? That is, does Medicare forward their bills to them?

Will this policy pay for services over and above that which Medicare doesn't approve payment for? _____