

Instructions on How to Call Your Insurance Company for Benefits – READ BEFORE CALLING

(Medicare patients – Do not call Medicare – only call your supplemental plan and start on step #13 below)

1. Look on the back of your insurance card and call your customer service number.
2. When they answer, let them know that you are calling for “chiropractic benefits”. If the person starts rattling off information, kindly let them know that you’d prefer to ask for the information and have them answer so you can fill in the blanks.
3. Get the person’s name from insurance co. (first and last) and take that down under CONTACT, along with the date called.
4. Check off the relationship to insured. Check if you are the person holding the insurance (“SELF”) or your spouse / parent
5. Write down the policyholder information (Name of the *actual* policyholder, Birthdate and ID# on the card itself)
6. Write down the Ins. Co name, the date it became effective and when the contract year restarts (generally Jan.1st – *but check!*)
7. Ask if we are “in-network” (Completely Natural Chiropractic or Dr. Stephen Ambrose / Dr. Robert Brown). If yes, check.
8. **IMPORTANT!** You are going to ask about four (4) specific services: SPINAL MANIPULATION, THERAPY/REHAB, X-RAYS AND CONSULTS. You will get complete information for each of these services – *they may not all be the same.*
First, find out whether you have a co-pay or co-insurance. An example of a *co-pay* is if you always pay \$20 per visit. An example of a *co-insurance* would be if you pay 25% and the insurance pays 75% for the service. Think co-pay as dollars and co-insurance as percentage of the service. Very rarely, you will have a co-pay PLUS a co-insurance. Basically, you have two choices: fill in the co-pay with your dollar amount and the ins. Coverage with “100%” or fill in your co-pay with your percentage and the ins. coverage with its percentage (both should equal 100%)
Second, do you have a deductible and if so, how much has been met? A deductible is when you have to pay so many dollars out of your pocket BEFORE insurance will even pay a dime. Rarely, will you have a separate deductible for each of the four services, but do ask. If yes, find out if you’ve already paid and met it or how much of the deductible amount HAS been met. Write that down as well.
9. **PRE-CERTIFICATION AND REFERRAL – THE MOST IMPORTANT!** With two of the four services (manipulation and therapy), some insurance companies require you get a referral from your physician or a pre-certification from their special insurance department before seeing a chiropractor. If you need a referral, you MUST see your physician first and get a referral before seeing us. If you need a pre-certification, we would need to get that for you, but you would have to find out what phone number for us to call, write it down, including extension and any special instructions we would need when calling.
Sometimes you will need no referral or pre-certification, but the insurance will say that after the 5th visit, pre-certification is needed. Please write down the number and that information too!
10. Check on LIMITS. “Limits” are how many particular services in a year will be covered. It is generally given by amount of services or up to a dollar amount. An example would be 20 spinal manipulations per year or up to \$3,000 worth of physical therapy services per year.
11. Ask them if the address to send the claims to is the same one written on the card. Sometimes, insurances change this. If it is different, please write down the EXACT address line for line, so we know where to send your claims
12. **PLEASE READ ONLY IF YOU HAVE UNITED HEALTHCARE.** If you are a United Healthcare patient, you must call the automated line at **888-329-5182** and find out whether you need “A.C.N. notification”. When you call, just enter in the “group number” from your card and a recording will tell you if you need to notify A.C.N. Check off Yes or No.

*******ONLY GO PAST THIS POINT IF YOU ARE A MEDICARE PATIENT*******

13. Do you have a SECONDARY or SUPPLEMENTAL (herein called ‘Sec or Supp’) insurance? A *secondary* is when you have another full insurance policy separate from Medicare. (ex: I have Medicare AND I have a policy still in place from when I or my spouse worked for a company)
A *supplemental* is when you have an insurance plan that is an attachment to Medicare. If you have a secondary, you must fill out both sections 4 and 5 of the benefits sheet. Start on step 7 of these instructions. If you have a supplemental, only fill out section 5 and start on step 13.
14. **SECTION 5:** Will your (Sec or Supp) insurance pay for the Medicare yearly deductible (generally \$100-120)?

Medicare generally pays 80% of billed charges, will your (Sec or Supp) pay for the additional 20% remaining?

Do you have automatic crossover? That is, will Medicare forward all the bills that it pays directly to the (Sec or Supp)?

Will this (Sec or Supp) pay for services that Medicare denies?