

Chiropractic Insurance Verification Form

Here is what you do to verify coverage for Chiropractic Care:

Call your insurance company and ask the following questions:

- ☐ Name of person who gave you the information???? _____
- ☐ Does my policy cover Chiropractic? _____
- ☐ If yes, are there any limits to my coverage? _____
- ☐ What are those limits? _____
- ☐ Is there a limit to the number of visits allowable? _____
- ☐ If yes, how many? _____
- ☐ Will they cover cervical and lumbar pillows? _____
- ☐ Ice packs? _____
- ☐ Licensed massage therapy? _____
- ☐ Structural supports? _____
- ☐ What is the deductible? _____
- ☐ Is that yearly? _____
- ☐ Per person? _____
- ☐ Has it been met? _____
- ☐ If no, how much has been paid? _____
- ☐ What percentage of my bills will my policy cover? _____
- ☐ What is the effective date of my policy? _____
- ☐ Can benefits be assigned to my Chiropractor's office? _____
- ☐ Name & address of the insurance office where the claims are sent

Phone number? _____ Policy number? _____

- ☐ Are there any numbers required on the claim forms? _____
- ☐ If yes, what are those numbers? _____
- ☐ Is this an individual policy or group policy? _____
- ☐ Name policy is under? _____
- ☐ Please check one that applies to your case:
Major Medical _____ Personal Injury _____ Auto Accident _____
Worker's Comp _____
- ☐ Is there an accident rider on my policy? _____
- ☐ Are there any pre-existing clauses? _____
- ☐ If yes, what are they? _____

If you have any questions or problems, please direct them to the insurance manager.

The above statements and answers are true _____

Patient's signature