Insurance Verification

Do you plan to have your insurance company contribute to your care?
If yes, call your insurance company and complete this form for your personal reference.
Joe Chiropractic does not bill your insurance, we do not accept assignment of insurance for the reasons listed on the Financial Information page. The office will give you superbills so that you can file your own insurance and be reimbursed as quickly as possible.

Chiropractic Coverage by InsuranceCompany:_____
Phone Number of Insurance Company Called: ( )_____
Person Spoke With:_____
Date:_____ Time:____:____A.M./P.M.
Address to where insurance claims are to be sent:_____
_____ Attention To:_____
Policy Number:_____ Group Number:_____
Chiropractic Coverage: Y N Deductible Amount:_____ How Much Met:_____
If I start care in Oct.,Nov. or Dec. and I meet my deductible then, will I need to pay my deductible again starting in Jan. of the new year? Y N If yes, how much will that be:_____
Percent Coverage For Care:_____% Number of Office Visits Allowed:_____
Financial Amount Allowed Per Case:_____ X-Ray Coverage: Y N Amount_____
Brace/Support-Corsette Coverage:_____

Notes:

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If you do not have one already, obtain an insurance claim form from your agent or place of employment. Fill in the required personal information where applicable (usually Part 1 or Part A). Answer basic questions under physician's section. The remainder of the physician's questions will be answered by writing "see attached" and attaching the superbill (Superbill = Attending Doctor's Statement). If you must submit more than one claim form because of additional coverage, use a photocopy or Patient Copy of the Superbill.