

CHIROPRACTIC INSURANCE QUESTIONNAIRE

Our office is set up to utilize direct payment from many insurance companies. This is done as a service to our patients. It is important that you understand that your insurance policy is an arrangement between you and your insurance company. You are personally responsible for all charges incurred in our office.

Patient's name: _____ **Date:** _____

Name & Group number of primary subscriber

ID# _____

Birth date of primary subscriber: _____

Please call your insurance carrier and ask the following questions:

- 1) Does my policy cover chiropractic care? yes no
If yes...are there limits to my coverage yes no
If yes..Limited office visits/year_____ monetary limit_____
Are the limits strictly for chiropractic or do they include other treatments such as Physical Therapy. Chiro only Other therapy
- 2) What is the deductible_____ Calendar or fiscal year (circle one)
Has it been met yes no
Will the deductible apply for the following year if paid in the Last quarter of the present year yes no
- 3) What is the effective date of my policy_____
- 4) Do I need a referral for chiropractic care
If yes...who do I need a referral from?_____
Does my plan need any pre-authorization yes no
- 5) What is the address, phone #, fax #, reports and authorization request be sent to?_____
- 6) Is there a preferred provider (PP) list for chiropractor's yes no
Is Dr. Swan on the List? Yes No
What are the benefits with a (PP)? Deductible_____
Co-Pay_____
% CO-Pay_____
- 7) What are the provisions for a non-preferred provider?
- 8) Are X-Rays covered? yes no
- 9) What was the date/time you called_____
Whom did you talk with? _____
- 10) Is there a "pre-existing" clause on my policy? yes no
For what? _____
- 11) What is the address where the claims need to be sent? _____

Patient's Signature:
