

PHONE VERIFICATION OF INSURANCE COVERAGE

CALL INSURANCE COMPANY and say that you want to verify the coverage of a patient for a doctor.

Date of call _____ Time of call _____ Person making this call _____

Patient's name _____ Insured's name _____

Insurance Co. _____ Policy # _____ Group # _____

Insurance Co. address _____ Phone # _____

QUESTIONS TO ASK:

1. Is there a deductible? Yes No How much is it? _____
2. Has it been met? Yes No When is another deductible due? _____
3. Is there coverage for Chiropractic spinal adjustments and X-rays? Yes No
4. What is the amount of X-ray coverage? _____ Maximum ceiling? _____
5. Are X-rays applied to the deductible? Yes No
6. Is there a yearly maximum number of Chiropractic visits per year? Yes No
7. What percentage does this policy pay per treatment? _____
8. Is there a lifetime maximum on Chiropractic? Yes No
9. If so, has any been used? Yes No
10. Does this policy pay for Chiropractic examination? Yes No
11. Does this policy pay for therapy? Yes No
12. Does this policy pay for intersegmental traction? Yes No
13. Does this policy pay for lumbar supports, lumbo-sacral belt, cervical collars, pillows, etc.? Yes No
14. Does this policy pay for nutritional supplements? Yes No
15. Are there any limitations, clauses or riders on this policy? Yes No
If so, what? _____
16. Do you honor Assignment of Payments? Yes No
17. WHICH CODES DO YOU BASE YOUR FEES ON? RVS OR CPT
18. Address where claim should be mailed to: _____
19. To attention of: (Name of person) _____ Dept. _____
20. Name of person you spoke with: _____ Title _____

NOTES: