

COMPLETE THIS FORM BEFORE YOUR APPOINTMENT

# Health Insurance Coverage Verification

- Know before you go: Avoid surprises and verify your benefits first.
- Insurance companies may make changes without notification to members and providers.
- "Time of service" discount: For patients without insurance (or pay and bill insurance themselves) we provide a 35% time of service discount. All charges must be paid at the time of service to receive this special discount.

Name: \_\_\_\_\_ Insurance: \_\_\_\_\_

1. Call the member services phone number on your insurance card.  
Automated systems will not provide complete information be sure to ask for a customer service representative.

2. State “I am calling to get my Chiropractic Benefits”

3. Today's date: \_\_\_\_\_ Representative's name: \_\_\_\_\_

4. What is my effective date?

5. Do I have in-network and out-of-network benefits?

6. Is my chiropractor in-network? (Bryan Baisinger or Greg Lekas) Yes / No

*My benefits according to my Doctor's network status:*

7. What is my deductible? \_\_\_\_\_

8. Has it been met?

9. If not, how much is left?

10. What is my co-pay/co-insurance?

11. Do I have a maximum dollar amount covered per year?

12. Do I have a maximum number of visits covered per year?

13. Are these CPT codes covered? 97140 (myofascial work, Yes / No  
97124 (massage): Yes / No  
97110 (exercise therapy Yes / No

14. Are X-Rays covered? Yes / No

Notes:

*If you choose not to verify your benefits please sign here:*