

INSURANCE VERIFICATION FORM

Your Name (printed): _____ Date: _____

We at Family First Chiropractic believe in our Practice Members total understanding of their insurance policy benefits for chiropractic care. Although we personally call your provider, we ask you to obtain this information yourself, not to make your life harder but to make it easier. The questions you need to ask are below. It should take only 5 minutes.

Please have the following information when calling your insurance company:

- 1) Insurance Company's phone number (on the back of your card): _____
- 2) Policy holder's name: _____ Date of Birth: _____

Please obtain and verify the following information:

- 1) Ask for the name of the person giving you this information: _____
- 2) Ask if you have chiropractic coverage for "out of network" providers: Yes or No

If yes, please continue to verify type and amount of coverage.

- A. What is the yearly deductible: Per Person: _____ Per Family: _____
- B. How much of the deductible has been met this year: _____
- C. What is your co-pay: _____
- D. Is there a limit to the number of visits: _____ How many: _____
- E. What is the effective date of your policy: _____

F. Name and address of the insurance office where the claims are sent:

Thank you for obtaining and verifying this information. We expect they will reimburse your account as noted above. If there is a discrepancy, we will notify you immediately.

Family First Chiropractic