

UNDERSTANDING YOUR INSURANCE – INSURANCE BENEFITS VERIFICATION

Patient Name _____ Date of Birth _____

Name of Insured _____ Date of Birth _____

Relationship of Patient to Insured:

__Self __Spouse __Child __Domestic Partner __Other _____

Insurance Company _____

Policy /Member ID or # _____

Patient ID Suffix # (if any): (ex. 01, 02) _____

Plan Name _____

Group Number (if any) _____

Group Name (if any) _____

Customer Service Phone Number: (_____) _____

It is your right and responsibility to understand your insurance.

Please call your customer service number on your insurance card and ask:

-Dr. Boylan Is NOT in network with any insurance company.

Do I have **Out of Network Benefits** for Chiropractic care? __ **Yes** __ **No**

The following are my benefits for __ **Out of Network** chiropractic care:

-Does my policy cover chiropractic care and spinal manipulation? __ **Yes** __ **No**

-Does my policy cover Extra-spinal manipulation (extremities)? __ **Yes** __ **No**

-What is my **Deductible** for Chiropractic care? \$ _____ __None

-What is my **Copay** for Chiropractic care? \$ _____ __None

-What is my **Co-Insurance** for Chiropractic Care? _____% __None

-Is my plan on a **calendar year**? __ **Yes** __ **No**

If No, what are the **plan year dates**? _____ to _____

-**How many visits** are allowed per calendar/plan year? _____ **visits**

-Does my policy **require MD referral** for Chiropractic Care. __ **Yes** __ **No**

-Does my policy **require pre-authorization or clinical submission to the insurance company by the chiropractor** for chiropractic care? __ **Yes** __ **No**

Name of person who gave me this information _____

Date of phone call to insurance company _____/_____/_____

Having this information at your first visit, will help us to have an informed discussion regarding your insurance and how you would like to use it.

Insurance terms

DEDUCTIBLE – a set amount that the patient pays on their health care expenses before insurance benefits start.

COPAY- a set amount that the patient pays per office visit with a health care provider, often once deductible is met.

CO-INSURANCE- a set percentage of the insurance allowed health care costs for which the patient is responsible.

ALLOWED AMOUNT- the discounted portion of the health care practitioner’s fee which the insurance allows.