

CHIROPRACTIC INSURANCE BENEFITS

It is important that you understand that health insurance policies are an arrangement between you and your insurance company. Therefore we recommend you call your insurance company before your first visit.

Name of Patient: _____
PHONE NUMBER of insurance company _____
DATE you called insurance company _____
NAME of person who gave you the information _____

Please call your insurance company and ask the following questions:

- 1) Are my **BENEFITS in** or **out** of network for Achieve Health Chiropractic Clinic? _____
- 2) Does my policy cover chiropractic? Yes No
If yes, are there any limits to my coverage (i.e. # of visits, weeks, services)? _____
What are those limits? (be as specific as possible) _____

Are custom made orthotics covered? _____

- 3) Is there a **DEDUCTIBLE**? \$ _____ Is it Calendar year? _____
Has it been paid? _____ If yes, how much? _____
- 4) What is the **EFFECTIVE DATE** of my policy? _____
- 5) What is the **ADDRESS** of the office where the claims are to be sent?

- 6) Does my policy cover **MAINTENANCE/WELLNESS** care? _____

Thank you for your time while filling out this form!

Patient's Signature _____ Date _____

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