

Date of Verification: _____



Mount Joy Chiropractic

Optimal Spine = Optimal Health

Insurance Verification

As a service to you, we attempt to take out as much of the "insurance hassle" as possible. Although we contact your insurance company to verify coverage benefits, it is best for you to personally review your coverage directly with your insurance provider using this guide as a reference tool. Please remember that the benefits quoted to us by your insurance company are not a guarantee of payment and any remaining balances accrued after billing are your responsibility. If you have any questions, just ask!

Ins Co: _____ Representative: _____ Reference #: _____

- Coverage Effective Date: _____
- Benefit Period (Is this a calendar year plan?): _____
- Is Chiropractic a covered service? _____
- Is our Doctor (Dr. Donald Henriques) a Participating Provider? _____
- Spinal Manipulations are procedure **code 98941**.
 - How many are allowed per year/benefit period? _____
 - Is a referral or authorization required? _____
- Is there a deductible? If yes, how much? _____
 - How much has been met? _____
 - Does a co-insurance apply? If yes, how much? _____
- Is there a copay? If yes, how much per visit? _____
 - If no, is there a co-insurance? _____
- Are in-house X-rays (**code 72082**) covered? If yes, does a copay or deductible apply?
 - Is an authorization required for x-rays? _____
- Are Exams covered? (**Code 99203**) _____
 - Does the copay or deductible apply? _____
- Is Physical Therapy a covered service? (**code 97014**) _____
 - Does a copay apply? _____
 - If no copay, does a deductible or co-insurance apply? _____

Additional Notes: _____

