INSURANCE VERIFICATION FORM

Your Name (printed): ____Date:________________

Please have the following information when calling your insurance company:

1) Insurance company's phone number (on the back of your card):_______________________
2) Policy holders name:_______________________________ Date of Birth:_______________

Please obtain and verify the following information. We cannot process your claim without this information. Thank you.

1. Ask for the name of the person giving you this information:__________________________
2. Ask if you have chiropractic coverage for *"**out of network**"* providers. 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. Is there a limit to the number of visits: _____________ How many: _____________
   D. What is the effective date of your policy: ___________________________________
   E. Policy holder's employer: ____________________________ID#________________
      Group # (if applicable to your policy):_______________________________________

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

   ____

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

ACTIVE HEALTH CHIROPRACTIC

INSURANCE INFORMATION

Insurance is a contract between the insured (patient) and the insurance company. The following information will help you to understand how insurance can be utilized in our office and the details regarding your participation in the process.

We have learned, over the past several years that the insured (patient) is the only one to whom the insurance company **must** give accurate information. It is for that reason that we ask you, the insured (patient), to complete an "Insurance Verification Form", (as explained below).

Please read the following information to clarify insurance procedures.

Insurance companies, such as HMO's, PPO's and others, create their own guidelines and are not required to cover chiropractic services. If chiropractic services **are covered**, the amount and type of reimbursement varies according to the policy that has been purchased by you or your employer.

If you have an insurance plan that reimburses for chiropractic care in this office, you **must verify** the type and amount of coverage before you can submit claims. On the reverse side of this form is an **"Insurance Verification Form"** that will assist you in obtaining all the vital information needed for you to be able to submit bills to your insurance. Please understand that you are responsible to pay for all services rendered, and that your insurance will reimburse you.

I HAVE READ, UNDERSTAND AND AGREE TO COMPLETE ALL FORMS NECESSARY. I UNDERSTAND THAT I AM RESPONSIBLE TO PAY FOR SERVICES RENDERED TO ME, BUT THAT ACTIVE HEALTH CHIROPRACTIC WILL PROVIDE ME WITH THE PAPERWORK NEEDED SO I CAN SUBMIT TO MY INSURANCE.

Patient Name Printed: ____

Patient Signature: ____ **Date:** _____________