

# HATBORO FAMILY WELLNESS INSURANCE INFORMATION

**Insurance is a contract between the insured (patient) and the insurance company.** 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.

**You are responsible for contacting your insurance company to determine what they need in order for them to reimburse you directly.** If you have determined that your insurance will cover chiropractic care in our office, we can provide you with a periodic statement which includes charges, services provided, and diagnosis codes. **We will offer you additional assistance in the process as needed, just ask!** The insurance company is responsible to you, as the subscriber, not to us, the provider. Utilize the Insurance Verification Form below when you inquire about your coverage.

## INSURANCE VERIFICATION FORM

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_ Today's Date \_\_\_\_\_

### Have the following information when calling your insurance company:

Insurance company's phone number (on the back of your card): \_\_\_\_\_

Policy holders name if different from patient): \_\_\_\_\_ DOB: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group # (if applicable): \_\_\_\_\_

### Obtain and verify the following information to determine your coverage and how to get reimbursed.

1. Name of the person giving you this information: \_\_\_\_\_

2. Ask if your policy has coverage for "**out of network**" providers? \_\_\_\_\_ If yes, continue.

If no, then your care in our office is not reimbursable to you by your insurance company.

What is the policy period? \_\_\_\_\_

What is the out of network deductible: Per Person: \$ \_\_\_\_\_ Per Family: \$ \_\_\_\_\_

How much of the out of network deductible has been met so far? \$ \_\_\_\_\_

What is the co-pay or co-insurance per visit? \_\_\_\_\_

Is there a visit limit for chiropractic services? Yes / No Visit number per policy period: \_\_\_\_\_

Is there a maximum dollar amount paid for chiropractic services?: Yes / No How much? \$ \_\_\_\_\_

Are chiropractic services covered when considered **NOT** "Medical Necessary"? Yes / No

Do they cover: Maintenance Chiropractic Care? Yes / No Wellness Chiropractic Care? Yes / No

How do I obtain the form that is necessary in order for me to be reimbursed? \_\_\_\_\_

How do I submit my claims for reimbursement since my provider does not do this for me? \_\_\_\_\_

**Address to send Claims:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**We expect that your insurance company will reimburse you as noted above. Retain this for your records. We will provide you with a superbill for services rendered for you to submit to your insurance company.**