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PATIENT

## INSURANCE VERIFICATION

Name of Insurance Company \_\_\_\_\_

If BCBS: Alliance Choice \_\_\_ Alliance Metro \_\_\_

If UHC: Is notification required? ACN: Yes \_\_\_ No \_\_\_

Insurance Company Phone # \_\_\_\_\_

Insured's Name \_\_\_\_\_ Insured's DOB \_\_\_\_\_

Patient's Name \_\_\_\_\_ Patient's DOB \_\_\_\_\_

Insured's ID \_\_\_\_\_ Group Number \_\_\_\_\_

Chiropractic Coverage: Yes \_\_\_ No \_\_\_

In Network/Out Network: Is Pre-certification needed Yes/No

### **In Network Coverage:**

Deductible: \_\_\_\_\_ Deductible To Date: \_\_\_\_\_

1<sup>st</sup> office visit charge: \_\_\_\_\_

Co-Insurance (%): \_\_\_\_\_

X-Rays (Deductible or % Covered): \_\_\_\_\_

Visits Allowed: \_\_\_\_\_ Visits To Date: \_\_\_\_\_

### **Out of Network Coverage:**

Deductible: \_\_\_\_\_ Deductible To Date: \_\_\_\_\_

1<sup>st</sup> office visit charge: \_\_\_\_\_

Co-Insurance (%): \_\_\_\_\_

X-Rays (Deductible or % Covered): \_\_\_\_\_

Visits Allowed: \_\_\_\_\_ Visits To Date: \_\_\_\_\_

**WE CAN NOT GUARANTEE THE ABOVE INFORMATION. AT TIMES, THE INFORMATION IS INACCURATE OR INCOMPLETE; THERE MAY BE RESTRICTIONS/LIMITATIONS THAT WE HAVE NOT BEEN INFORMED OF. WE ENCOURAGE YOU TO CALL AND VERIFY THE ABOVE INFORMATION AND ADVISE US OF ANY ADDITIONS OR CHANGES.**

## NEW PATIENT PHONE PROCEDURE

1. "May I have your name?" \_\_\_\_\_
2. "Which Doctor were you calling to see?" \_\_\_\_\_
3. "May I have your phone number?" Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_
4. "Is this visit due to an":  
Injury \_\_\_\_\_ Auto Accident \_\_\_\_\_ Work Injury \_\_\_\_\_
5. "What is the specific area that has been bothering you?"  
\_\_\_\_\_
6. "Who were you referred by?" \_\_\_\_\_
7. "We have special times set aside for new patients. Would tomorrow (or next day) be best for you? Also, would you prefer morning or afternoon? Great can I schedule you for...  
APPOINTMENT: (Day/Date) \_\_\_\_\_ at (Time) \_\_\_\_\_
8. "Have you had any recent X-RAYS, MRI's or Cat Scan's?"  
\_\_\_\_\_, it would be helpful if you can bring them with you and any reports."
9. "Have you had past Chiropractic Care?" \_\_\_\_\_
10. "I also wanted to let you know we only accept cash or check, no credit or debit cards."
11. "Do you have insurance that you would like to use for your health care? Yes \_\_\_\_\_ No \_\_\_\_\_
12. "OK, I will need some insurance information..."