

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.