

Insurance Verification for Chiropractic

North Coast Chiropractic
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You will need the information in the box filled out before you call the insurance company

Patient's Name: _____
Insurance Company _____
Policy # _____
Group ID _____ Zip Code _____
Who is the Insured? _____
Insured's Date of Birth _____
Insured's SS# _____

Date Insurance Company contacted: _____

Person giving information _____

Does the policy cover Chiropractic Care? _____

Effective date of policy: _____

Is it a calendar year policy? _____

Percentage that is covered? _____

Are there any limits to your coverage? (# of visits allowed,
\$ amount of visits covered) _____

Is there a deductible? _____ yes _____ no

How much is the deductible? _____

How much has been met? _____

Is there a family deductible? _____ yes _____ no

How much has been met? _____

If this is the end of the year, is there a carry over? _____

Is there a Co-pay? _____ yes _____ no

How much is the Co-pay? _____

Is a referral required? _____

Does the policy cover x-rays? _____

Are the x-rays included in the deductible? _____

What percent of x-rays are covered? _____