

Insurance Verification Form for Patients

Date _____

If you would like to know your chiropractic benefits before your appointment, please call the member/customer service number on the back of your insurance card. Ask the representative the following questions on this page. We will verify those benefits once you get to the office.

Patient Name: _____

Insurance Company: _____

ID# _____

Group# _____

Contact Person: _____ Reference #: _____

Are chiropractic services covered? Yes _____ No _____

Does your Insurance Company have Dr. John Casalino or Dr. Tyson Harris listed as an In Network Provider? Yes _____ No _____

Is a PCP referral needed? Yes _____ No _____

Effective Date: _____

Calendar year: _____ Plan year: _____

Deductible? _____ Amount Met? _____ Remaining? _____

Out of Pocket? _____ Amount Met? _____ Remaining? _____

Co-Pay? _____

Coinsurance % _____

Number of chiropractic visits allowed per year? _____

Are there any exclusion or limitations? Yes _____ No _____

Notes: _____