

Chiropractic Health Insurance Benefits

1. Does the plan I chose have out-of-network coverage for chiropractic? _____
2. What is the individual out-of-network deductible and co-insurance for the plan I selected? _____ & _____
3. How many chiropractic treatments are covered per calendar year by my plan? _____
4. Does my plan cover the following treatment therapies?
 - a. Spinal adjustment-98940 (treatment code)
 - b. Manual Therapy-97140 (treatment code)
 - c. Massage Therapy-97124 (treatment code)
 - d. Exercise instruction-97110 (treatment)
5. Are medical records required for treatment authorization? _____
6. What is my Primary insurance companies':
 - a. Name: _____
 - b. Claims address _____
 - c. Insurance ID number _____
 - d. Electronic Payer ID: _____
 - e. Provider Phone Number: _____
 - f. Fax Number: (medical records): _____
 - g. Primary Injured name and date of birth: _____
7. What is my Secondary insurance companies':
 - a. Name: _____
 - b. Claims address _____
 - c. Insurance ID number _____
 - d. Electronic Payer ID: _____
 - e. Provider Phone Number: _____
 - f. Fax Number: (medical records): _____
 - g. Primary Injured name and date of birth: _____

Please Give Me A Copy of This Completed Form.

Thank You!