

## E-Z (Easy) Patient Insurance Verification

This can be done **online** or by **phone**.

**Follow the step by step directions and within minutes you will know what your chiropractic benefits are.**

**STEP #1** Complete the patient information box.

<b>YOUR NAME:</b> _____	<b>DOB:</b> ___/___/___.
<b>If spouse carries the insurance plan complete the following*</b>	
<b>SPOUSE'S NAME:</b> _____	<b>DOB:</b> ___/___/___.

List your **Primary Care Physician (PCP) / Family Physician:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

Locate **Member Service toll free number or website listed on the back** of your insurance card.

**BY PHONE:** Proceed to Step #2.

**ONLINE:** Locate **Website for consumers and follow the prompts.**

### STEP #2

SAY: "I am calling to verify my **Chiropractic** benefits." Ask the following questions.

Is <b>Dr. J. Grilliot</b> at <b>Natural Wellness Centre</b> a provider with my insurance plan? <b>Yes / No</b>
What is the effective date of my policy: ___/___/___.
<input type="checkbox"/> Is this a <b>calendar</b> year policy? [ ] Is this a <b>benefit</b> year policy?
What is my <b>deductible</b> ? _____. Has my deductible been met? <b>Yes/ No</b>
Do I need a <b>referral</b> from my Primary Care Physician? <b>Yes / No</b>
Do I need <b>authorization</b> from my insurance company to be seen? <b>Yes / No</b>
Do I have a <b>CO-PAY due at each visit</b> ? <b>Yes / No</b> <b>HOW MUCH?</b> \$ _____.00
If I do not have a required co-pay then what will my <b>co-insurance</b> be? _____% (Example of co-insurance may be 80/20 or 70/30)
How many <b>manipulation</b> visits to my chiropractor are covered? # _____ <b>visits covered.</b>
If no number is specified do I have unlimited visits? <b>Yes / No</b>
How many <b>modalities/physical therapy</b> sessions (i.e. ultrasound, e-stimulation, rehab. exercises) are covered? # _____ <b>visits covered.</b>
If no number is specified do I have unlimited visits? <b>Yes / No</b>
<b>If not managed by number of visits</b> is my coverage determined by a set dollar amount for the calendar or benefit year? \$ _____.00
I <b>DO NOT</b> have any Chiropractic benefit coverage <input type="checkbox"/>

### Step #3 Ask the following questions.

Do I need pre-certification for any additional testing <b>not</b> done in the chiropractor's office such as: X-ray, MRI or a CT scan should my chiropractor order one? <b>YES / NO</b>
<b>PRE-CERTIFICATION PHONE number to call is:</b> Area code ( _____ ) - _____ - _____.
Are orthotics covered under my plan? <b>YES / NO</b> Do they need to be pre-certified? <b>YES / NO</b>
<b>PRE-CERTIFICATION PHONE number is:</b> Area code ( _____ ) - _____ - _____.

Note: For a fee of \$15.00 the Financial Department can obtain the Insurance Information needed to bill your insurance.  
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