

Insurance Verification Form

Name of Insured _____ DOB _____

Patient Name _____ DOB _____

Insurance Name _____

Insurance Phone Number _____

My Policy Number _____

My Group Number _____

Person I spoke to _____ Date _____

QUESTIONS

Do I have insurance that covers out-of-network chiropractic? _____

Is prior-authorization required? _____

What is my co-insurance for out-of-network chiropractic ? _____

Is a referral necessary? _____

Am I allowed a maximum number of visits a year? _____ How Many? _____

Do I have a total out of pocket expenditure? _____ What is it? _____

What is my deductible? _____

Have I met my deductible? _____

Is my deductible for my entire family unit, or does each individual have to meet their own deductible? _____

Do I have a Health Savings Account or Health Reimbursement? _____

Dr. Caroline does not accept insurance from

- HMOs like Kaiser
- Insurance that requires pre-authorization like Moda or Blue Cross Blue Shield of Oregon, Washington, Idaho, and Utah
- Insurance that does not cover chiropractic like OHP