

## Insurance Verification Worksheet

**Capital Chiropractic & Rehabilitation Center**  
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We strongly encourage you to call your insurance company to verify your benefits prior to your first visit at Capital Chiropractic & Rehabilitation Center. We are In-Network with BlueCross Blue Shield PPO, HMO (Dr. LoRang), United Healthcare, Coventry, Aetna, Medicare, Iowa Medicaid, and more. However, some out of state policies will consider us Out-Of-Network. Please note that the insurance company representatives most likely will not guarantee the statements that they tell you about your policy. Please bring this document with you to your first appointment. This document is designed to help you navigate your insurance policy.

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Insurance ID:** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Primary Card Holder Patient Y / N: if no who is?**

**Relationship to:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Date and Time Insurance Company Called:** \_\_\_\_\_ **Reference #:** \_\_\_\_\_

### **Please obtain the following data:**

**Policy Effective Date:** \_\_\_\_\_

**Deductible per Calendar Year:** \_\_\_\_\_ **Amount Met** \_\_\_\_\_ **Amount Remaining** \_\_\_\_\_

**Policy year begins on January 1st? Yes No** If no, when?

**Does Deductible need to be met before Coinsurance OR Copay apply?** \_\_\_\_\_

**Is Capital Chiropractic & Rehabilitation Center "In Network"** \_\_\_\_\_

### **How is an office visit covered?**

**Coinsurance %:** \_\_\_\_\_ **Copay:** \_\_\_\_\_ **Max Benefit Amount \$** \_\_\_\_\_ **Max # of Visits/Year** \_\_\_\_\_

### **How is chiropractic care covered?**

**Coinsurance %:** \_\_\_\_\_ **Copay:** \_\_\_\_\_ **Max Benefit Amount \$** \_\_\_\_\_ **Max # of Visits/Year** \_\_\_\_\_

### **How is physical therapy covered?**

**Coinsurance %:** \_\_\_\_\_ **Copay:** \_\_\_\_\_ **Max Benefit Amount \$** \_\_\_\_\_ **Max # of Visits/Year** \_\_\_\_\_

### **How is acupuncture covered? Does the doctor have to be a licensed MD Yes / No**

**Coinsurance %:** \_\_\_\_\_ **Copay:** \_\_\_\_\_ **Max Benefit Amount \$** \_\_\_\_\_ **Max # of Visits/Year** \_\_\_\_\_

### **How are codes 97140 and 97124 covered?**

**Coinsurance %:** \_\_\_\_\_ **Copay:** \_\_\_\_\_ **Max Benefit Amount \$** \_\_\_\_\_ **Max # of Visits/Year** \_\_\_\_\_

### **How are codes 97110 and 97530 covered?**

**Coinsurance %:** \_\_\_\_\_ **Copay:** \_\_\_\_\_ **Max Benefit Amount \$** \_\_\_\_\_ **Max # of Visits/Year** \_\_\_\_\_