

## Auto Insurance Verification Worksheet

**As much as we would like to, Capital Chiropractic cannot guarantee your insurance coverage.\***

Your auto insurance company can best answer questions about your policy and coverage. Please call them, gather these details, and share your findings with us to help minimize surprises as you seek care here. Please note: It is our office policy to first bill Med Pay on the patient's auto policy. Only if Med Pay has been depleted do we proceed to billing the policy of the at-fault party.

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

### Patient Auto Insurance Details

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

Patient's Auto Insurance Company \_\_\_\_\_ Insurance ID: \_\_\_\_\_

**Accident Claim #** \_\_\_\_\_

Auto Policy is under what name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Agent Email: \_\_\_\_\_ Agent Fax: \_\_\_\_\_

**Is there Medical Pay? Y / N Amount Utilized** \_\_\_\_\_ **Amount Remaining** \_\_\_\_\_

**Is acupuncture covered (for example, codes 97810 or 97811)? Y / N**

**For physical therapy, is pre-authorization required? Y / N Is referral from PCP required? Y / N**

**Is patient's policy the at-fault policy? Y / N**

### At-Fault Party or Other Party Auto Insurance Details

At-Fault/Other Party Auto Insurance Company \_\_\_\_\_ Insurance ID: \_\_\_\_\_

**Accident Claim #** \_\_\_\_\_

Auto Policy is under what name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Agent Email: \_\_\_\_\_ Agent Fax: \_\_\_\_\_

\*Our office may attempt to confirm your benefits, but as the customer of your insurance company, you will be able to gain access to the details above faster (and more completely) than anyone.