

Insurance Verification Worksheet

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

*Our office may attempt to confirm your benefits and eligibility, but we will not get final explanation of coverage for 4-6 weeks from when we submit your claim. As the customer of your insurance company, you will be able to gain access to these details faster than anyone.

Patient Name: _____ Date of Birth: _____ Insurance Company _____

Insurance ID: _____ Group # _____ Effective Date: _____

Primary Card Holder Patient Y / N If no who is? _____

Relationship to Patient: _____ Policy Holder Date of Birth: _____

Date/Time Insurance Company Called: _____ Reference #: _____

Deductible per Calendar Year: _____ **Amt Met:** _____ **Amt: Remaining** _____

Policy year begins on January 1st? Y / N If no, when? _____

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Is Capital Chiropractic & Rehabilitation Center "In Network"? Y / N

Is Dr. Chris LoRang "In Network"? Y / N AND Is Dr. Corrin Schreyer "In Network"? Y / N

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Does Deductible need to be met before Coinsurance OR Copay apply? Y / N

How is an office visit covered (for example, codes 99203 and 98941)?

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

How is chiropractic care covered (for example, code 98941)?

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

How is physical therapy covered (for example, codes 97110, 97112, 97530, 9716X)?

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

For physical therapy, is pre-authorization required? Y / N

For physical therapy, is referral from PCP required? Y / N

How is acupuncture covered (for example, code 97810)? Does the doctor have to be a licensed MD? Y / N

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

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Telehealth Coverage - Does my insurance cover telehealth for the following codes:

99201 through 99205 (E&M) Y / N AND 99211 through 99215 (Re-examination) Y / N

97161 through 97163 (PT Eval) Y / N AND 97164 (PT –ReEval) Y / N

97110/97112/97530 (Physical Therapy Services) Y / N

Perhaps most importantly - what is patient responsibility for telehealth visits? \$ _____