

Cole Pain Therapy Group

acute and chronic pain options

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PATIENT CHIROPRACTIC CARE BENEFIT QUESTIONNAIRE

These questions will assist you in verifying chiropractic benefits with your insurance company.

BEFORE YOU CALL, YOU WILL NEED:

Patient Name _____

Name of Insured _____

Policy # _____ Group # _____

Insurance Company _____ Phone # _____

INFORMATION TO GATHER:

Person with whom you spoke _____ Date of phone call _____

Effective date of coverage _____

Does this policy have a pre-existing clause? _____ If so, how long? _____

Deductible amount _____ How much has been met? _____

Percentage of payment _____ Co-payment _____

Does this policy require a referral and/or pre-authorization? _____

Maximum number of covered visits per year _____

Maximum dollar amount per year _____

Does this policy cover physical therapy in a chiropractic clinic? _____

Does this policy cover massage therapy in a chiropractic clinic? _____