

BRUNNER CHIROPRACTIC PATIENT INSURANCE VERIFICATION

For your convenience, our office is set up to utilize direct payment from insurance companies. However, it is important that you understand that health and accident insurance policies are an arrangement between **you and your insurance company**. For your benefit, please call and verify your chiropractic insurance coverage.

YOU ARE PERSONALLY RESPONSIBLE FOR ALL SERVICE CHARGES INCURRED IN OUR OFFICE.

Please call your insurance company and follow the instructions for "Patient"

Say: "I am calling to verify my Chiropractic benefits." Ask the following questions:

1. Does my insurance policy cover chiropractic: YES / NO
2. Is **Dr. Patrick Brunner** a provider with my insurance plan? YES / NO
3. What are my chiropractic benefits?

Effective date : _____

Deductible : _____

Out of pocket max : _____

Copay : _____

Co-Insurance : _____

Max # of visits : _____

4. Do I need a referral from my Primary Care Physician? YES / NO
5. Do I need prior authorization from my insurance company to be seen? YES /NO
6. Does my plan cover physical therapy modalities ?

Electrical Stimulation (CPT code 97014) YES/NO

Ultrasound (CPT code 97035) YES/NO

Manual Therapy (CPT code 97140) YES/NO

Sign Below and Return to Brunner Chiropractic at (or before) your next visit

Patient Signature: _____

Date: ____ / ____ / ____

Brunner Chiropractic USE ONLY: Account # _____ Dr: _____ Reviewed by: _____