

CHIROPRACTIC SOLUTIONS *by dr julie*

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CHIROPRACTIC INSURANCE BENEFITS QUESTIONNAIRE

Welcome to the practice! As a courtesy, we will contact your insurance company and ask what coverage that you have for Chiropractic, Physical Therapy, Massage, and Therapeutic Equipment in a Chiropractic Office. The information that we are given is occasionally incorrect. When that occurs, you're not happy and we are not happy ☹. Therefore, we have created a form for you to use to hear what benefits you have in your insurance plan "directly from the horse's mouth."

To start, have a pen or pencil ready with your insurance card and this form.

Look on the back of your card for the phone number for Member Benefits or Customer Service.

Phone Number: _____

Be sure to record the date you're calling, the number that you dialed, and the name of the person with whom you are speaking. In the event you were given misinformation, this is a valuable document!

Spoke to: _____ Date: _____

The service representative will ask for the patient name: _____

his or her DOB: _____

Insurance ID#: _____, and Insurance Group#: _____

Questions that you will ask:

Do I have Chiropractic Coverage? Yes or No *You probably already checked this before coming!* 🌍

1.) How many Chiropractic visits do I get every year? _____ Already used: _____

2.) How many Physical Therapy visits in a **Chiropractic Office** per year? _____ Already used: _____

3.) Do I have to meet a **deductible** for Chiropractic Care? **Yes or No**

○ Based on a calendar year? / Other: _____

○ If yes, how much? _____

○ As of this date, how much of that have I met? _____

4.) Do I have a **separate deductible** for Physical Therapy in a Chiropractic Office? **Yes or No**

○ Based on a calendar year? / Other: _____

○ If yes, how much? _____

○ As of this date, how much of that have I met? _____

5.) **(If deductible)** Once my deductible is met, do I have a **co-pay** or **co-insurance** for Chiropractic Care?

Yes or No If yes, amount: _____

5.) **(If no deductible)** Do I have a **co-pay** or **co-insurance** for Chiropractic Care? **Yes or No**

If yes, amount: _____

6.) Does my plan require that a **pre-certification** be submitted for Chiropractic Care? **Yes or No**

7.) Does my plan require that a **pre-certification** be submitted for MRI? **Yes or No**

8.) Does my plan pay for Maintenance adjustments in a Chiropractic Office (code S8990)? **Yes or No**

9.) Does my plan cover codes **98943** (extremities) _____ **97124** (massage) _____

97112 (NMR) _____ **E0720** (TENS) _____ **E0941** (lumbar traction) _____

E0849/E0855 (cervical traction) _____

Ask for a Confirmation Number from Insurance Company Rep for this Call _____

Please bring this in for us to copy. If you have any questions, feel free to call us at 502-253-1135.