Heart in Hand Chiropractic: Required Benefits Form for All Patients Using Insurance

Patient Name_	Insurance name	
Insurance ID#	Group #	

Heart in Hand Chiropractic is happy to bill your insurance for your visit; however, **it is the patient's responsibility** to be aware of her/his coverage and co-pay, as well as any deductible and maximums. Please follow steps 1-7 when calling to find out benefits and eligibility.

First, *call the number* on your insurance card listed for customer service, benefits and eligibility, or subscriber services and ask the representative the following questions. Online benefits and insurance handbooks will not give the same information as a live representative.

1. When did my *coverage begin and when is it valid thru?* Beginning Date of Coverage_____ Ending Date of Coverage_____

Does my insurance plan follow a **Fiscal** or **Calenda**r year schedule?

- 2. Do I need *a referral from my primary care physician* (PCP) for alternative services? ____Yes ____No
- 3. Dr. Paradise is out-of-network with all major insurance carriers. Do I have any Out-of Network Benefits for Chiropractic care?
 Yes No
- 4. What are my *benefits* for the following services?

Chiropractic: % Covered_____; Co-pay/ Co-Insurance____; Year Max____

Subject to deductible? ____Yes ____No

- 5. Is there a Co-pay per visit or per specialty? Please circle which one.
- 6. What is my *deductible for the year* and has any or all of it been met?

Deductible \$_____ Amount of Deductible met so far \$_____ Date____

7. What was the *name of the representative* I spoke with_____ Date____

Please bring this form with you to your appointment. If you have trouble getting the information you need, please feel free to call the clinic 24 hours prior to your appointment for assistance. Thanks so much!

*Please be aware that this is not a guarantee of payment, if an insurance company gives you inaccurate information they may not honor the benefits that were quoted.