

Insurance Verification Worksheet

{for Patient's personal use}

Insurance Carrier: _____

Customer Service Phone Number _____

Date and Name of CS rep I spoke with _____

Policy Number or Member I.D. _____

Group Number _____

Policy Effective Date _____

Deductible _____

How Much Has Been Met _____

Do I Need a Referral from my pcp? _____

Copay Amount and/or plan limits _____

What is the coverage for the following:

Exams and Re- Exams

X-rays or MRI ordered by a Chiropractor _____

Number of Visits Per Year or Treatment Plan for:

Chiropractic Manipulation _____

Physical Therapy performed by a Chiropractor in a Chiropractic Office _____
