Westwood Family Chiropractic

Insurance Verification

Name: _____ Date: _____

Date of Birth: _____

Please have the following information when calling your insurance company:

1. Insurance company's phone number (on the back of your card): _____
2. Policy holders name (if different from patient): _____

Please obtain and verify the following information. They cannot process your claim without this information.

1. Ask for the name of the person giving you this information: _____
2. Ask if you have chiropractic coverage for out of network providers. If yes, please continue to verify type and amount of coverage.
   a. What is the yearly deductible: Per Person: _____ Per Family: _____
   b. How much of the deductible has been met this year: _____
   c. What is the co-pay: _____
   d. Is there a limit to the number of visits or $ amount?: _____ If yes, how many visits are allowed and/or what is the $ limit?: _____
   e. Are services limited by Medical Necessity? _____
   f. Do they cover Wellness or Maintenance Care? _____
   g. What is the effective date of the policy: _____
   h. Policy holder's employer: _____ ID# _____
      Group # (if applicable to your policy): _____
   i. Name and address of the insurance office where the claims are sent:

      _____

      _____

      _____

Thank you for obtaining and verifying this information with your insurance company. We expect they will reimburse you or your account as noted above.

Dr. Peter Kevorkian | Dr. Patricia Giuliano | Dr. Cherie Murdock
781.769.2500 | 1446 High Street | Westwood, MA 02090

Insurance Information

Insurance is a contract between the insured, the patient, and the insurance company. The following information will help you to understand how insurance can be utilized in our office and the details regarding your participation in the process.

INSURANCE PROCEDURES:

Insurance companies, such as HMO's, PPO's and others, create their own guidelines and are not required to cover chiropractic services. If chiropractic services are covered, the amount and type of reimbursement varies according to the policy that has been purchased by you or your employer. (See reverse for details)

If you have determined that your insurance will cover your care in our office, we will supply you with all of the paperwork necessary for you to get reimbursed quickly. We will give you a statement at the end of your first week and then once a month after that. When you send in your statements, your insurance company will reimburse you directly. They are responsible to you, as the subscriber, not to us, the provider. You can utilize the "Insurance Verification Form" (on the back of this form) when you inquire about your coverage.

AUTO ACCIDENTS AND WORK RELATED INJURIES

If your insurance requires direct billing from us, we will supply them with the necessary information to remit payment to our office on your behalf. Please understand that you are responsible to pay for all services until we receive approval and/or payment from the insurance carrier (i.e. a check for services rendered). Once payment is verified you will be reimbursed accordingly. You are still responsible for deductibles, co-payments, and any other balances not reimbursed by the insurer.

NOTE: You must verify the type and amount of coverage before we can submit claims on your behalf. On the reverse side of this form is an "Insurance Verification Form" that will assist you in obtaining all the vital information needed for us to accept and submit bills to your insurance. Until we receive this information and verification and/or payment from the insurance company your account will be on a cash basis.

I have read, understand and agree to complete all forms necessary to allow Westwood Family Chiropractic to assist me with insurance reimbursement. I understand that I am personally responsible for all services received should my insurance fail to remit payment.

Patient Name (printed): _____

Patient Signature: _____ Date: _____

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