CALIFORNIA NEUROHEALTH
CHIROPRACTIC & ACUPUNCTURE INSURANCE POLICY

Our policy is set up to utilize direct payment from insurance companies. This is done as a service to our patients and there is no charge for this service. However, it is important that you understand that health and accident insurance policies are an arrangement between **you and your insurance company.** You are responsible for all service charges incurred in our office. We expect payment in full when the services are rendered **until** your insurance coverage has been verified.

Patient's Name _____

Please fill out this form and return it to our office at your next visit. HERE IS WHAT YOU DO TO VERIFY COVERAGE FOR CHIROPRACTIC AND ACUPUNCTURE CARE:

DATE you called your insurance company _____

NAME of person who gave you information _____

1. Call your insurance company and ask the following questions:

   a. Does my policy cover Chiropractic? _____ yes _____ no
   Does my policy cover Acupuncture?_____ yes _____ no
   If yes, are there limits to my Chiropractic coverage? _____ yes _____ no
   If yes, are there limits to my Acupuncture coverage? _____ yes _____ no

   What are those limits to my Chiropractic coverage? (Be as specific as possible): _____
   _____
   _____

   Is there a requirement for an M.D. referral? _____ yes _____ no

   What are those limits to my Acupuncture coverage? (Be as specific as possible): _____
   _____
   _____

   Is there a requirement for an M.D. referral? _____ yes _____ no

   b. What is the deductible? _____
   Has it been met? _____ yes _____ no If no, how much has been met? _____
   Is there a carry-over? _____ yes _____ no Is there a family deductible? _____ yes _____ no

   c. What percentage of my bills will my policy cover? _____
   OR is there a pre-set co-payment? How much? $_____
   If there is a pre-set co-payment, does that include ALL services? _____ yes _____ no
   OR is there a separate co-payment for other services:
   Exam $ _____
   X-ray $ _____
   Physical Therapy $ _____
   Manipulation $ _____

   Once the deductible is met do the visits then start counting? _____ yes _____ no
   Percentage paid by insurance %_____ visit max _____ visits remaining _____ visit $ max _____
   97140 Manual Therapy $ _____
   97112 Neuromuscular re-education $ _____
   97110 Therapeutic exercises $ _____

d. Does my policy cover cervical pillows? _____ yes _____ no
Nutritional Supplements? _____ yes _____ no Structural Supports? _____ yes _____ no

e. What is the effective date of my policy? _____

f. Can benefits be assigned to my Dr.'s office? _____

g. What is the address of the office where the Acupuncture claims are to be sent?
Name of company: _____
Address: _____
_____
To whose attention is claim sent? _____
Phone number of insurance company: _____

What is the address of the office where the Chiropractic claims are to be sent?
Name of company: _____
Address: _____
_____
To whose attention is claim sent? _____
Phone number of insurance company: _____

h. Policy # _____ Group # _____
Plan # _____ ID # _____

2. Once your coverage is confirmed we will accept payment directly from the insurance company.

3. If you have any questions or problems, please direct them to the office staff.

_____ _____
Date Time Patient's Signature