

**INSURANCE VERIFICATION**

BENEFITS QUOTED ARE BASED UPON CONTRACT ALLOWANCES. ACTUAL DETERMINATION OF PAYABLE BENEFITS IS MADE BY THE INSURANCE COMPANY WHEN CLAIMS ARE SUBMITTED.

TODAY'S DATE: \_\_\_\_\_ REP NAME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ PATIENT DOB: \_\_\_\_\_

PATIENT SSN: \_\_\_\_\_

INSURED NAME: \_\_\_\_\_ INSURED DOB: \_\_\_\_\_

INSURED SSN: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

YEARLY DEDUCTIBLE \_\_\_\_\_ PER PERSON, \_\_\_\_\_ PER FAMILY

% COVERAGE AFTER DEDUCTIBLE \_\_\_\_\_

MAX OUT OF POCKET: \_\_\_\_\_ PER PERSON, \_\_\_\_\_ PER FAMILY

YEARLY MAX BENEFIT: \_\_\_\_\_

TREATMENT PLAN REQUIRED? \_\_\_\_\_ **Y/N** \_\_\_\_\_ **COPAY** \_\_\_\_\_ WHEN? \_\_\_\_\_

OFFICE VISITS COVERED? \_\_\_\_\_ YEARLY MAX? \_\_\_\_\_

MANIPULATIONS COVERED? \_\_\_\_\_ YEARLY MAX? \_\_\_\_\_

THERAPIES COVERED? \_\_\_\_\_ YEARLY MAX? \_\_\_\_\_

XRAYS \_\_\_\_\_ YEARLY MAX? \_\_\_\_\_

ASSIGNABLE? \_\_\_\_\_

PRIMARY? \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

INSURANCE ADDRESS \_\_\_\_\_

INSURANCE PHONE \_\_\_\_\_