Using Health Insurance?

Follow the simple steps below before your first visit in our office. It's as easy as 1, 2, 3! Feel free to ask your insurance representative any additional questions you may have.

1. Call the Customer Service/Member # on the to receive your member benefits.	e back of your in	surance card. Follow the automated steps
2. What is your Insurance Representative's	1. Name:	
		Time:
3. My name is; I am	calling to see wh	at my chiropractic benefits are.
4. I will be seeking care at Schuyler Creek Chir (circle one). Is he/she in or out of network?	•	, ,
a. Does my policy have any (In Netwo	rk/out of Netwo	rk) Benefits for chiropractic?
		YES / NO (circle one)
b. Is there a deductible? YES / NO (c	ircle one)	
If YES, what is my deductible	amount?	
How much has been applied t	to my deductible	?
6. What are my chiropractic benefits? a. Co-l	Insurance:	AND/OR b. Copay:
7. Are there any policy limitations such as a de	ollar amount or r	number of office visits?
		YES / NO (circle one)
a. If YES, has anything been already applied to	these limitation	s?
	Dollar Amoun	it: or Office Visits:
8. What is my effective date?		
9. Is authorization required for my plan? YES	/ NO (circle on	ne)
10. Are my covered benefits based on medica	Il necessity? YES	/ NO (circle one)
Consultations are free of charge and all fees v	vill be discussed	before any services are rendered
PS – Have an HSA or FLEX account? Great new	vs, you can use th	hem here!
Patient Print Name:		
Patient Sign:		
Date		