



## Verification of Insurance Coverage

Please call the customer service number located on the back of your insurance card and have an insurance representative answer the following questions.

- ◆ Your Name: \_\_\_\_\_
- ◆ Date you called your insurance company: \_\_\_\_\_
- ◆ Name of Representative you spoke with: \_\_\_\_\_
- ◆ Do I have Chiropractic coverage? Yes or No

**If Yes, please continue with the following questions- if no stop here!**

- ◆ Do I have a deductible for chiropractic? Yes or No
- ◆ If so, how much is it? \$ \_\_\_\_\_
- ◆ For Chiropractic, am I required to pay a co-pay or a percentage for:
  - An Adjustment? \_\_\_\_\_ (how much)
  - X-rays? \_\_\_\_\_ (how much)
  - Office Consultation? \_\_\_\_\_ (how much)
- ◆ Do I have a Visit Limit for chiropractic?
- ◆ If yes, how many visits am I allowed? \_\_\_\_\_
- ◆ Do I have a dollar limit for chiropractic?
- ◆ If yes, how much is it? \$ \_\_\_\_\_
- ◆ Does my coverage run on a calendar year? Yes or No
- ◆ If not, what month does it start and end? \_\_\_\_\_ to \_\_\_\_\_
- ◆ Do I need a referral for chiropractic care from my primary care physician? Yes or No

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