

## Verifying Your 2009 Insurance Coverage

Patient Name: \_\_\_\_\_

**Please take a moment to contact your insurance carrier and verify your 2009 Chiropractic coverage. Even if your carrier has not changed, your benefits may have. Below is a list of questions to ask.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Person you spoke to: \_\_\_\_\_

Patient Insurance ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Is Dr. Kinneavy an in-network provider? Yes  No

What is my Chiropractic coverage and limitations in their office? *(Remember, we need either the in-network or out-of-network coverage depending on our status with your carrier.)*

Calendar Year Deductible: \_\_\_\_\_ Amount met this year-to-date: \_\_\_\_\_

How much do I pay per visit? \_\_\_\_\_

Yearly limits to benefits: \_\_\_\_\_

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Address to send claims: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please bring your insurance card with so that we may photocopy it. Thank you.

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## Coverage Details

- **Provider panel:** Are the benefits based on being a member of a specific panel of providers?
- **Out-of-Panel Provision:** Even if the plan generally requires that the maximum benefits are given to a provider on their panel, they may still have some benefits for providers not on the panel. This is called an out-of-panel provision. Be sure to ask if such a benefit exists. If it does, you may still be able to get paid, although it may be at a reduced rate.
- **Pre-Authorization:** Some plans require that certain services be **pre-authorized** before any coverage will be available. Pre-authorization may be necessary from either the primary care provider or from a separate authorization board at the carrier's office. Preauthorization also allows the chiropractic office to determine in advance the specific benefits and coverage to be discussed with the patient before providing costly services.
- **Deductible:** Has the client met their deductible for the year? Most plans have deductible. This is an amount that the patient must pay out-of-pocket before coverage "kicks in." Is the deductible based on a calendar or fiscal year?
- **Co-Pay:** Is a co-payment required at the time of service? This amount **MUST** be collected when the service/session is complete.
- **Visit Limits Per Year:** Chiropractic benefits could be limited to a specific number of visits per year. Ask if limits are based on a fiscal or calendar year. Has the patient already used up some of their allotted visits? It is possible that coverage has been exhausted for the year.
- **Fee Schedule:** What are the allowables for the quoted procedures? What is their fee schedule and maximum benefit for Chiropractic? Will they fax/send it to you? What percentage of the allowables will be paid?
- **Exclusion:** Are there exclusions or **limits** on particular services or diagnostic codes? If so, record those limitations.
- **Wellness:** Do they cover wellness or nutritional support? What are the limits?