

Verifying Your Insurance Coverage

Patient

Name: _____

Please take a moment to contact your insurance carrier and verify your 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 Front Street Chiropractic an in-network provider? Yes ___ No ___

What is my Chiropractic coverage and limitations in their office? (Remember, we need either the innetwork or out-of-network coverage 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: _____

Address to send to claims: _____

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

Front Street Health and Wellness Group

2770 Dagny Way, Suite 210

Lafayette, CO 80026

303-604-2987