

Patient Chiropractic Insurance Questionnaire

What is my effective date? _____

What is my copay? _____

What is my deductible? Individual: _____ Family: _____

How much of my deductible has been met? Individual: _____ Family: _____

How much is my out of pocket max? Individual: _____ Family: _____

How much has been met of my out of pocket max? Individual: _____ Family: _____

How many visits do I have? _____

How many have been used? _____

Do I need a referral? _____

Do I need authorization? _____

Do I have orthotics coverage? (CPT CODE: L3020 DX: M72.2) _____

What is a reference number for this call? _____