

Insurance Verification Questions for Patients

Try to speak to a real person on the phone

- Today's Time and Date _____
- Name of Person you are speaking with

- **Out of network** coverage for Chiropractic Care

- Effected Date

- Family Deductible / Individual deductible

- Has Deductible been met, if so How much

- What is the % coverage of Chiropractic care

- How many # of visits covered

- Billing Address to send claims

*** These quotes are not a guarantee of payment ***