Cartwright Chiropractic and Wellness Center
Healing • Restoring • Changing Lives

# INSURANCE VERIFICATION FORM

Patient's Name: _____

Date of Birth: _____ Today's Date: _____

**Insurance Company Name:** _____

**Insurance Plan Type (HSA, HMO, etc):** _____

**Insurance Company Telephone Number:** _____

**Insurance Address where claims should be sent:**

_____

Policy holder's employer: _____ ID# _____

Group # (if applicable to your policy): _____

**Obtain and verify the following information as your claim cannot be processed without it. You will be set up as a cash patient if you have not verified your insurance coverage.**

**Please complete this form for each insurance you carry. Thank you!**

1. Ask for the name of the person giving you the information: _____
2. Ask if you have chiropractic coverage: YES or NO
3. Ask if Dr. Rob Cartwright is in network: YES or NO
4. If you have **chiropractic coverage**, please continue to verify your coverage.
    a. What is the yearly deductible: Per Person: _____ Per Family: _____
    b. How much of the deductible has been met this year: _____
    c. What is the co-pay or co-insurance: _____
    d. How many chiropractic visits are allowed per year: _____
    e. How many physical therapy visits are allowed per year: _____
    f. Are services limited by medical necessity: _____
    g. Is wellness or maintenance care covered: _____
    h. Is advanced imaging (x-rays) covered: _____
    i. What is the effective date of the policy: _____

**Thank you for obtaining and verifying this information with your insurance company.**

Insurance is a contract between the insured (patient) and the insurance company. The amount and type of reimbursement varies according to the policy that has been purchased by you or your employer.

*I have read, understand, and agree that I am personally responsible for all services received should my insurance fail to remit payment or should my insurance not be updated to the office which would lead to a denial in claims submitted.*

_____ _____

Patient Signature Date