

Patient's Guide to Insurance Verification

We encourage you to verify your insurance benefits and have developed the following guide to assist with the process. Please record all relevant information to cross-check with our verification process.

You will find a customer service number on your insurance card. Please contact a service representative and ask the following questions about each recommended service.

We recommend that you record the name of the person with whom you discussed your coverage.

Name: _____ Date: _____

We often recommended the following treatments:

Procedure	Procedure Code	
Examination	99211-99215	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spinal manipulation	98940	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ultrasound	97035	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical muscle stimulation	97014	<input type="checkbox"/> Yes <input type="checkbox"/> No
Therapeutic exercises	97110	<input type="checkbox"/> Yes <input type="checkbox"/> No
Balance and flexibility training	97112	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please ask the following questions.

Are the above treatments covered? Yes No

Is my doctor part of your network? Yes No If "no", ask next question

Is there an out of network benefit? Yes No Details: _____

Do I need a primary care physician referral? Yes No

Is there a deductible? Yes No Amount: _____

Has it been met this year? ___ Yes ___ No

How many treatments may I receive? _____

Is there a maximum allowable payment for each service? _____ Amount: _____

Can you send me confirmation of this conversation? Yes No Confirmation #: _____

As you complete this process, please feel free to call our Patient Services Manager, Nancy Morgan at 781-767-5555. If you would like to cross check the information that you obtain, please fax this form to 781-767-9751. As always, we request your feedback on how we might improve this form.