WARWICK CHIROPRACTIC AND MASSAGE

8650 Martin Way E #207, Lacey WA 98516

HEALTH INSURANCE VERIFICATION FORM

Our office will provide insurance billing services for you as a courtesy. Your health insurance benefits are based on a contract between you and your health insurance carrier and **any benefits quoted are not a guarantee of payment**.

Please reference your health insurance handbook, website, or phone your health insurance company directly in order to verify the benefits below. We appreciate your assistance in verifying your health insurance.

PATIENT NAME _____ PATIENT DATE OF BIRTH_____

SUBSCRIBER'S NAME_____ SUBSCRIBER DATE OF BIRTH_____

INSURANCE ID #_____ GROUP #_____

PROVIDER RELATIONS PHONE NUMBER_____ CUST SVC NUMBER_____

DR. WARWICK IS IN-NETWORK _____ OUT OF NETWORK _____FOR MY INSURANCE PLAN.

(EIN: 47-1584417 – NPI PRACTICE: 1013311422 – NPI DR. WARWICK – 1396707246)

Your deductible is what you pay out of pocket before the insurance company pays anything toward your claims.

MY ANNUAL DEDCUTIBLE FOR CHIROPRACTIC IS $_____ AND IT BEGINS EVERY (JANUARY / APRIL / ETC) _____

MY ANNUAL DEDUCTIBLE FOR REHAB / PT CODES IS $_____ AND IT BEGINS EVERY (JAN / ARPIL / ETC)_____

I HAVE MET $_____ OF MY ANNUAL DEDUCTIBLE FOR THIS PLAN YEAR.

Some insurance plans waive the deductible for chiropractic but not for rehab / PT codes, for example.

Copays are a flat dollar amount that is due at each visit at the time of service.

MY COPAY AMOUNT FOR CHIROPRACTIC ADJUSTMENTS IS $_____ (SAMPLE CODE 98941).

DO I HAVE A SEPARATE COPY FOR REHAB / PT CODES? IF SO, IT IS $_____ (SAMPLE CODES 97012, 97530).

Coinsurance is a percentage dollar amount that is due from the patient. Ex: 20% patient coinsurance, 80% insurance pays.

Some insurance plans only have copays, some only have coinsurance, and some have both copay and coinsurance.

MY COINSURANCE PERCENTAGE FOR CHIROPRACTIC ADJUSTMENTS IS $_____ (SAMPLE CODE 98941).

DO I HAVE A SEPARATE COINSURANCE PERCENTAGE FOR REHAB / PT CODES? IF SO, IT IS $_____(SAMPLE CODES 97012, 97530).

Some insurance plans have the same copay and / or coinsurance for chiropractic codes and PT / rehab codes. Other insurance plans have different copays and coinsurance for all these codes.

If you have 20% coinsurance, for example, it is our office policy to collect $20 per visit toward your 20% coinsurance. Once your insurance has processed the claim, you will receive a statement from our billing department for any balance due (for ex, if your 20% portion is really $22.82 and you paid $20 toward that, you would get a statement for $2.82 from our billing department.)

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Yearly visit limit is a limit to the number of chiropractic visits in our office that you may receive.

MY YEARLY VISIT LIMIT FOR CHIROPRACTIC IS: _____

I HAVE USED _____ CHIROPRACTIC VISITS TO DATE DURING MY PLAN YEAR.

Out of Pocket Maximum is the maximum amount of money you are required by your insurance company to pay out of pocket each plan year. Once you have paid that out of pocket maximum, your insurance company will pay your bills at 100% until the plan year renews.

MY OUT OF POCKET MAXIMUM IS: _____ I HAVE MET $_____ OF MY OUT OF POCKET MAX.

With the exception of Regence / Uniform Medical Plan / HMA, our licensed massage therapists are out of network for all health insurance companies.

I HAVE REGENCE / UMP / HMA, AND THEREFORE MASSAGE THERAPY IS AN IN-NETWORK BENEFIT. _____

I HAVE ANY OTHER HEALTH INSURANCE COMPANY, AND THEREFORE MASSAGE IS OUT OF NETWORK BENEFIT._____

My in-network benefits for massage therapy for Regence / UMP / HMA only are:

MY ANNUAL DEDUCITBLE FOR MASSAGE THERAPY IS $_____AND IT BEGINS EVERY (JAN / APRIL / ETC)_____

MY YEARLY VISIT LIMIT FOR MASSAGE THERAPY IS: _____

I HAVE USED _____ MASSAGE THERAPY VISITS TO DATE DURING MY PLAN YEAR.

My out of network benefits for massage therapy for all other health insurance companies are:

I DO _____ DO NOT _____ HAVE OUT OF NETWORK MASSAGE THERAPY (CODE 97124) BENEFITS.

CODE 97124 MAY BE PERFORMED AND BILLED BY A LICENSED MASSAGE THERAPIST? YES _____ NO _____

CODE 97124 MUST BE PERFORMED AND BILLED BY A DOCTOR? YES _____ NO _____

Warwick Chiropractic and Massage only has License Massage Therapists performing and billing code 97124.

MY ANNUAL DEDUCITBLE FOR MASSAGE THERAPY IS $_____AND IT BEGINS EVERY (JAN / APRIL / ETC)_____

MY YEARLY VISIT LIMIT FOR MASSAGE THERAPY IS: _____

I HAVE USED _____ MASSAGE THERAPY VISITS TO DATE DURING MY PLAN YEAR.

I understand any benefits quoted are not a guarantee of payment. I authorize direct payment of medical benefits, from my insurance company to Warwick Chiropractic and Massage. I also authorize the release of any medical or other information necessary to process this claim. I understand that any and all amounts which are not collected from my insurance company shall become my responsibility, and I agree to pay those charges within 30 days.

Full name_____Date_____

Signature_____

THANK YOU FOR YOUR ASSISTANCE IN VERIFYING YOUR HEALTH INSURANCE BENEFITS IN OUR OFFICE!