

INSURANCE VERIFICATION

Date: _____ **REFERENCE #:** _____

Patient Name: _____

Customer Service Rep: _____ Online Benefits? YES NO

Policy Effective Date: _____ Calendar Year: YES NO

Plan Dates: _____ Pre-Authorization Required? YES NO

In-Network Deductible: _____ Met To Date: _____

In-Network Out of Pocket: _____ Met To Date: _____

Please circle one:

CHIROPRACTIC

MASSAGE THERAPY

ACUPUNCTURE

Dr. Brad Eyford

Does the Deductible Apply? YES NO

Percentage covered: _____ Co-Pay per visit: _____

Annual Limit: _____ Met To Date _____

Is this benefit combined with any other benefits? _____

Chiropractic Exam/Office Visit: _____

X-Rays: _____

In order to bill massage therapy to your insurance, a prescription or referral (RX) from a Physician or primary care provider including diagnostic codes is **required!**