

Insurance verification form.

Insurance is a contract between the insured (patient) and the insurance company. The following information will help you to understand how insurance can be utilized in our office and the details regarding your participation in the process.

PLEASE READ ALL THE FOLLOWING INFORMATION TO CLARIFY INSURANCE PROCEDURES. Insurance companies, such as HMOs, PPOs and others, create their own guidelines and are not required to cover chiropractic services. If chiropractic services are covered, the amount and type of reimbursement varies according to the policy that has been purchased by you or your employer.

If we have determined that your insurance will cover your care in our office, they will require direct billing from us. They are responsible to you, as the subscriber, not to us, the provider.

We will supply them with the necessary information to remit payment to our office on your behalf. Please understand that you are responsible to pay for all services not covered by your insurance company including deductibles, co-payments and any other balances not reimbursed by the insurer.

NOTE: We will verify the type and amount of coverage of your insurance before we can submit claims on your behalf. Once we have this information, we will inform you about your current coverage.

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLETE ALL FORMS NECESSARY TO ALLOW FOCUS CHIROPRACTIC TO VERIFY AND ASSIST ME WITH INSURANCE REIMBURSEMENT. I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR ALL SERVICES RECEIVED SHOULD MY INSURANCE FAILS TO REMIT PAYMENT.

Patient Name Printed: _____

Patient Signature: _____ Date: _____