

**Tolman Chiropractic**

4645S. Midland Dr., Ste. 2, West Haven, UT 84401 (801)731-9899

**Insurance Verification Form**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ ext. \_\_\_\_\_ Other # \_\_\_\_\_

Who Referred? \_\_\_\_\_ C.C. \_\_\_\_\_

Relationship to Insured: Self Spouse Dependant SS# \_\_\_\_\_

Primary Insurance Plan \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_

Insurance Address \_\_\_\_\_

Contact Verifying Benefits \_\_\_\_\_ Date Verified \_\_\_\_\_

Policy Active Y N Effective Date \_\_\_\_\_ Chiropractic Benefits Available Y N

In-Network \_\_\_\_\_% Deductible \$ \_\_\_\_\_ Annual/Calendar Year **or**

Out-of-Network \_\_\_\_\_% Deductible \_\_\_\_\_ Annual/Calendar Year

\$ Met this year \_\_\_\_\_ Copay \_\_\_\_\_

Limitations: Visits per year \_\_\_\_\_ #Available this year \_\_\_\_\_

Total \$ Benefit per year \_\_\_\_\_ \$ available this year \_\_\_\_\_

Pre-approval required? Y N Diagnostic X-ray? Y N Diagnostics Applied Y N

CPT Code 97124 CPT Codes 97530 97110 97140 97112 97014 97012

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**Secondary Insurance Plan** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Policy # \_\_\_\_\_

In-Network Y N \_\_\_\_\_% Deductible \$ \_\_\_\_\_ Annual/Calendar Year **or**

\$ Met this year \_\_\_\_\_ Copay \_\_\_\_\_

Visits per year \_\_\_\_\_ #Available this year \_\_\_\_\_

Total \$ Benefit per year \_\_\_\_\_ \$ available this year \_\_\_\_\_

Pre-approval required? Y N Diagnostic X-ray? Y N Diagnostics Applied Y N

Benefits Conveyed to Patient? Y N By \_\_\_\_\_ Date: \_\_\_\_\_

Issues of concern/Payment Status \_\_\_\_\_

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