

RIVERSIDE CHIROPRACTIC & VITALITY CENTER

300 W. Trenton Ave. Morrisville, PA 19067

Phone : 215-736-3803 Fax : 215-736-1204

Insurance Verification

Call your Member Services number on your insurance card.

I'm calling to verify my "Out-of-network" Chiropractic coverage:

My Name _____
ID# _____ Group# _____ Option: _____
Effective Date: _____
Subscriber's Name _____ Date of birth _____
Subscriber's SS# _____

Date: _____ **Time:** _____ **Spoke with:** _____ **Ext:** _____

1. **Does this policy cover "Out-of-Network" chiropractic?** Yes No
What % of the office visit is covered by insurance? _____
2. **Is there a deductible? Yes No How much?** _____
Individual? _____ Family? _____
How much has been met? _____
Is that per calendar year? Yes No
What month does it start? _____
3. **Are X-rays covered? Yes No What %?** _____
4. **Are Therapies/Massages Covered? Yes No**
Which therapies & what %? _____
5. **Are there any limitations to this policy?** _____
6. **Is there a maximum visit or payment allowance per year?** _____
7. **Will you send the checks to an "out-of-network" office or send them directly to me?** _____

Insurance Company _____
Address _____
Phone _____ Ext _____
Fax: _____

