



### Chiropractic Insurance Benefits Questionnaire

In order to provide you with the most accurate information regarding any possible out of pocket expense for the care that you may be receiving from Dr. Mickey Frame, we ask that you please contact your insurance company to confirm that your insurance includes chiropractic care. Please note that this is not a guarantee of your out of pocket expense. Please call your insurance company and complete this questionnaire. If you have any questions, please contact our office at 419-728-0601.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Ins. ID # \_\_\_\_\_

Date of call to insurance company: \_\_\_\_\_

Representative you spoke to: \_\_\_\_\_

Confirmation # for call if provided: \_\_\_\_\_

Please circle Y or N for each question and complete number or dollar amount on the right.

Co-pay for chiropractic care? Y/N Co-pay amount: \$ \_\_\_\_\_

Is chiropractic adjustment covered? Y/N Approved # of visits/year: \_\_\_\_\_

Is traction a covered benefit? Y/N Approved # of visits/year: \_\_\_\_\_

Is acupuncture a covered benefit? Y/N Approved # of visits/year: \_\_\_\_\_

Are X-rays a covered benefit? Y/N

Is prior authorization required for X-ray? Y/N

Is an MRI a covered benefit? Y/N

Is prior authorization required for MRI? Y/N

Is chiropractic care covered by calendar year or benefit year? (Please circle one) Calendar/Benefit

If by benefit year, what is the date that benefit year begins? \_\_\_\_\_