

<b>WBS Chiro Ins Verification Form</b>	<b>Provider :</b> _____
<b>Patient Name:</b> _____	<b>Gender:</b> M   F <b>Patient DOB:</b> _____
<b>Insured ID#:</b> _____	<b>SSN:</b> _____ <b>Group#:</b> _____
<b>Patient Address:</b> _____	<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Insured's Name:</b> _____	<b>Ins. Co Phone#:</b> _____
<b>Ins. Co. Name:</b> _____	
<b>Ins. Co. Claims Address:</b> _____	

**GENERAL INFORMATION**

Date: \_\_\_\_\_  
 Person Spoke To: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Plan Type: \_\_\_\_\_  
 IN / OUT of Network Benefits \_\_\_\_\_  
 CALENDAR (Jan-Dec) / ANNUAL Plan  
 If annual plan, from \_\_\_\_\_ to \_\_\_\_\_

**DEDUCTIBLE/OUT OF POCKET INFORMATION**

Individual Deduct \$ \_\_\_\_\_ Amt Met \$ \_\_\_\_\_  
 Family Deduct \$ \_\_\_\_\_ Amt Met \$ \_\_\_\_\_  
 Deduct Combined In & Out of Network YES / NO  
 Max out of pocket \$ \_\_\_\_\_ Amount met \$ \_\_\_\_\_  
 Once met claims pay at 100% YES / NO

**VISIT LIMIT INFORMATION**

Visit Maximum \_\_\_\_\_ Visits Remaining \_\_\_\_\_  
 Combined With \_\_\_\_\_  
 Combined In & Out of Network? YES / NO  
 When meeting deduct, are max # visits used? YES / NO  
 Annual \$ Max \_\_\_\_\_ Amt used \$ \_\_\_\_\_

**PLAN PAYMENT INFORMATION**

% Paid \_\_\_\_\_ OR Visit \$ Max \_\_\_\_\_  
 Copay \_\_\_\_\_  
 Payment made to Patient? YES / NO / POSSIBLY

NOTES: \_\_\_\_\_

**REFERRAL INFORMATION**

Need a Dr.'s referral? YES / NO  
 PCP: \_\_\_\_\_  
 Rx needed? YES / NO  
 Auth Required? YES / NO PH# \_\_\_\_\_  
 Additional Visits PH# \_\_\_\_\_  
 Submit clinical treatment form after \_\_\_\_\_ visit.

**PROCEDURES COVERED INFORMATION**

Exams Covered? YES / NO   % Paid \_\_\_\_\_  
 Non Discrimination Law Applies YES / NO

**Modalities Covered?**

97112 Neuromuscular Reeducation YES / NO  
 97140 Manual Therapy YES / NO  
 97530 Therapeutic Activities YES / NO  
 97110 Therapeutic Exercises YES / NO  
 97010 Hot/Cold Packs YES / NO  
 97124 Massage Therapy YES / NO  
     By Massage Therapist YES / NO  
 97026 Infrared YES / NO  
 97012 Manual Traction YES / NO

*The Year-to-Date information provided reflects all claims processed. Please note, however, there may be claims that are pending that are not reflected in these totals. Eligibility verification is subject to the terms of your Participation agreement. This is not a guarantee of payment, payment is based on the terms of the enrollee's benefit plan.*

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