

Chiropractic Clinic West Dr. Brian S. Dixon

90 Berkshire Avenue
Springfield MA 01109

Patient Name: _____
Please print

Date of Birth: _____

Insurance Procedure

Many insurance companies have privacy laws which do not allow the provider to obtain information regarding your eligibility. Ultimately, the responsibility of insurance coverage verification rests with you, the consumer. Call the toll free member services number on your health insurance card and ask if you have chiropractic benefits. Ask if a PCP (Primary Care Physician) referral is required. Ask about annual limits to your coverage and if your chiropractor may refer you directly for x-rays under your plan. Ask if your chiropractor is on their PPO list. Always get the first and last name of the company representative you spoke with and of possible if the benefits are available in writing.

We gladly submit your insurance claims to your carrier if you have chiropractic coverage, however we cannot guarantee that your insurance company will pay those claims. You will be responsible for payment at time of your services in this office if they are denied by your carrier.

We will collect from you, at the time of your visit, the portion of the services rendered that your insurance company deems your responsibility. **(Co-payments and Co-insurances are due at time of service).**

Benefits verification disclaimer

Benefit information is subject to your specific plan provisions and restrictions. Information your insurance company relays to our office is NOT a guarantee of payment. Payment for services rendered in this office is the responsibility of the patient.

I have read and understand the insurance policy and disclaimer above.

Patient Signature

Date