



Insurance Benefits Worksheet

Understanding your insurance benefits, limitations, and procedures will ensure that the billing process goes smoothly. We will file insurance claims for the services you receive at our clinic, but it is your responsibility to verify coverage and understand your financial responsibility for the services provided.

Please call the customer service number on the back of your insurance card to **verify coverage before your first appointment**. Your card will also contain other important information that you will need during the call, and this worksheet will help you to ask all of the right questions.

If you do not have insurance coverage for our services, we offer reasonable cash prices and Care Credit to ensure that our patients are able to afford care.

IMPORTANT:

Insurance companies provide coverage for individual doctors, not clinics or practices as a whole. Therefore, a doctor's name may be required when checking coverage or in-network status. The doctors on staff at our clinic are: **Dr. Kevin Ritzenthaler** **Dr. Jim Shebuski** **Dr. Colleen Boling**

The legal name of our clinic is **Ritzenthaler Chiropractic, doing business as (D.B.A.) Draeger Chiropractic and Laser Center**. We may be listed under either name. If your insurance has us listed as Draeger Chiropractic, verify that it is the Schofield/Weston location. **Our tax id number is: 27-286-4371**

QUESTIONS TO ASK:

Do I have chiropractic coverage? _____

Are these providers in network? (check all 3) Dr. Kevin Ritzenthaler Dr. Jim Shebuski Dr. Colleen Boling

Are there any out-of-network benefits? _____

Are adjustments (manipulations) covered? _____ Are x-rays and exams covered? _____

What treatments (modalities) are covered? _____

Common treatments may include: electrical muscle stimulation, ultrasound, rehab therapy

What is my co-pay per visit? \$ _____ What is my co-pay for exams? \$ _____

Do I have a deductible? _____ What is it? \$ _____ How much has been met? \$ _____

When my deductible is met, what is my co-insurance? % _____ \$ _____

Are prior authorizations required? _____ What do I need to do? _____

How many chiropractic visits am I allowed per year? _____

Is there an annual limit on care? \$ _____ Is there a lifetime limit on care? \$ _____

What other exceptions or limitations should I be aware of? _____

I spoke with: _____ Date: _____ Time: _____

Call back number/direct line: _____