

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. This worksheet will help you to ask 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. Even though you will primarily be seen by one doctor, you should check the coverage for each of our four doctors.

The legal name of our clinic is Innovative Health. Our tax id number is: 27-2864371

It is important to understand that "covered" services are not necessarily "paid for" by your insurance depending on deductibles and co-pays. Please be sure to understand your financial responsibilities.

QUESTIONS TO ASK:

Do I have chiropractic coverage? _____

Are these providers in network? (check all 4):
 Dr. Kevin Ritzenthaler Dr. Jim Shebuski
 Dr. Colleen Boling Dr. Cody Hansen

Are there any out-of-network benefits? _____

Are adjustments/manipulations (98940, 98941) covered? _____ Are x-rays and exams covered? _____

What treatments/modalities are covered? _____

Common treatments include: electrical muscle stimulation (97014), ultrasound (97035), rehab therapy (97110)

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? _____

In the event that questions arise, it's a good idea to make note of who you spoke to at the insurance company:

I spoke with: _____ *Date:* _____ *Time:* _____

Call back number/direct line: _____