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[InnovativeHealthClinic.com](http://InnovativeHealthClinic.com)

# 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 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 speak to at the insurance company.*

I speak with: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Call back number/direct line:**