INSURANCE QUESTIONNAIRE

The following questions are necessary so that we may properly file your insurance for you. These questions are taken directly from the insurance form that we must fill out and file for you. Please answer as fully as possible.

1	Type of insurance: MedicareMedicaid Major Medical (please specify)	
2.	Patient Name:	
3.	Insured's Name (as it appears on the insurance card):	
4.	Insured's Social Security Number	
5.	Insured's Date of Birth	
6.	Is the condition we are treating related to current or previous employment? Yes No	
7.	Is the condition we are treating related to an auto accident? Yes No	
8.	Is the condition we are treating related to another type of accident? Yes No	
9	Is there another health benefit plan? Yes No	
	ent's or Authorized Person's Signature: I authorize the release of any medical or other information ssary to process my insurance claim. This is to serve as a long-term authorization card.	
S	ed:Date:	
un	or the services described on the insurance form. This authorization is to apply to all occasions of service is revoked in writing. I agree to pay for services not covered by insurance and understand that I am tely responsible for payment in full at this office.	
S	ed:Date:	
	MEDICARE PATIENTS ONLY	
1.	e will file all Medicare and supplemental claims.	
2.	e are participating providers with Medicare which means that Medicare pays us directly. However,	
	edicare patients must meet an annual \$154 deductible, which we are required to collect at the beginning	
	services for each calendar year. Supplemental coverage may pay the deductible but if no such coverage	
	available, the patient is responsible for the deductible.	
3.	edicare pays for 80% of allowed charges. Supplemental may pay the 20%, but if no coverage is available, the	пe
	atient is responsible.	
4.	edicare does not pay for maintenance care.	
5.	edicare does not pay for all of your health care costs. The fact that Medicare does not pay for a particular	
	ervice or item does not mean that you should not receive it.	
ı	DICARE PAYS FOR: Manual manipulation of the spine after the deductible is met	
ı	DICARE DOES <i>NOT</i> PAY FOR: examinations, X-Rays, physical therapy, nutritional supplements,	
(nopedic supplies, maintenance care	
	e read and understand the limitations of my Medicare coverage and agree to be personally responsible for the ent of non-covered services if I choose to receive those services.	е
Sig	dDate:	