

# Mueller Chiropractic

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## Insurance Verification Form

If you would like to use your health insurance to settle your account in our office, you will need to call your insurance carrier to verify your coverage prior to receiving care.

Simply call the phone number on your insurance card and ask the clerk the standard questions listed below. If you would like someone on our staff to call on your behalf we will gladly do so; there is a fee for this service of \$20, which we charge on the initial visit.

### Complete this section before calling:

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Policy ID: \_\_\_\_\_ Group # \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ DOB \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Phone # \_\_\_\_\_

### Ask these questions:

Is Mueller Chiropractic, IN NETWORK or OUT of NETWORK with my insurance?

Does my plan have a pre-existing clause? YES or NO

How many Chiropractic visits does my policy cover? \_\_\_\_\_

Do I have to have my visits pre-authorized? YES or NO

How many visits have been used? \_\_\_\_\_

### Regarding My Deductible:

What is my individual deductible? \$ \_\_\_\_\_ How much have I met as of today? \$ \_\_\_\_\_

What is my family deductible? \$ \_\_\_\_\_ How much have I met as of today? \$ \_\_\_\_\_

Does my policy limit my annual Out of Pocket Expense (OPE)? YES or NO

What is the individual OPE amount? \$ \_\_\_\_\_ How much has been met \$ \_\_\_\_\_

What is the family's annual OPE? \$ \_\_\_\_\_ How much has been met \$ \_\_\_\_\_

Is my policy set up on a CALENDAR year or PLAN year? (Circle One)

What is my co-pay or co-insurance? \$ \_\_\_\_\_

After I pay my co-pay or co-insurance is there a specific percentage of the covered charges that my policy pays? What is that percentage? \_\_\_\_\_%

**On the Initial Visit:**

Is my initial office visit SEPARATE from or PART of my total chiropractic visits.

On my initial office visit do I pay my COPAY or CO-INSURANCE? (Circle one)

Does my payment for the initial office visit/exam go toward my deductible? YES or NO

**What about Physical Therapy Modalities?**

Does my plan cover therapeutic modalities? YES or NO. If so, how many? \_\_\_\_\_

Are these modalities COMBINED WITH or SEPARATE from my Chiropractic visits?

**In Closing:**

Insurance Reps Name: \_\_\_\_\_

Call Reference Number: \_\_\_\_\_

Verification Date: \_\_\_\_\_

Bring this information with you so our insurance staff may submit claims on your behalf efficiently.

Thank you for your cooperation. Your assistance allows us to focus on serving you better at affordable prices.

Sincerely,

Mueller Chiropractic