

**INSURANCE COVERAGE & DEDUCTIBLE REMINDER**

We check insurance benefits as a courtesy to our patients. A quote of benefits does not guarantee payment or verify eligibility. We advise all of our patients to verify coverage for their own records online or via phone through the member services line.

**Please keep in mind, insurance deductibles start over each year.** Insurance coverage begins once this deductible has been met. Depending on your insurance coverage and specific plan, each visit will cost roughly \$70-\$150 per visit until the deductible has been satisfied. **We require a minimum payment of \$50 per visit until you have fully satisfied your deductible.** If you're deductible is met in full, please be advised there may be an additional copay or co-insurance to be paid at each appointment.

**BENEFICIARY AGREEMENT**

I understand my health insurance company can deny services if they are not considered medically necessary. It is my responsibility to understand my coverage and benefit details. I agree to be personally and fully responsible for any deductible, co-payment/ co-insurance or any other amount that the insurance deems patient responsibility.

Please Sign \_\_\_\_\_ Date \_\_\_\_\_

**WORKERS' COMPENSATION/AUTO ACCIDENT**

I am fully aware that most worker's compensation and auto accident insurance companies determine coverage once they have reviewed all supporting documentation. If at any point during my treatment or thereafter, my claim is not accepted and/or services were not covered, I can choose to have my private insurance billed. I have reviewed the above information pertaining to private insurance and understand any outstanding balance not covered by my WC/AA or private insurance is my responsibility.

Date of Injury/Accident \_\_\_\_\_ State Injury/Accident Occurred \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Claim # \_\_\_\_\_  
Adjuster Name \_\_\_\_\_ Adjuster Phone \_\_\_\_\_  
Social Security # (Required) \_\_\_\_\_

Please Sign \_\_\_\_\_ Date \_\_\_\_\_