

## Insurance questionnaire

Use this form when you call to verify your own benefits with your insurance company, regarding paying for your visits at Hawthorne Chiropractic Clinic or with your individual health care provider, therein. We do our best to complete this before your initial visit and ask that you complete it yourself for you to fully understand your responsibility.

While we participate in so many different insurance plans, it is not possible for us to be aware of each plan's specific requirements, in addition, they change regularly, often without your full understanding of the changes. We cannot guarantee coverage to any individual. Your insurance coverage is a contract between you/your employer and the insurance carrier. As with any provider's office, any charges you incur at Hawthorne Chiropractic Clinic which are not paid or adjusted by your insurance carrier will be your sole responsibility. We hope this form will help you navigate the process of understanding your benefits and coverage for visits and as always, we will do our best to meet your hardship needs & provide you the appropriate paperwork for that; just ask.

Hawthorne Chiropractic Clinic TIN: 93-1313328 (You may need the for the phone call.)  
Red asterisk requires your initials or an answer!

Today's Date: \*

\*I understand that I must accept financial responsibility if insurance does not cover the cost of care at Amenda Clinic.

\*(sign or initial):

\*Name of representative I spoke with about coverage:

\*Reference number of your insurance call.

\*Primary (Main) Insurance Company NAME & primary person on account (you?)

\*Is your insurance under someone else's named, eg spouse, or parent?

Yes or No? (if yes, name? And date of birth)

Yes or No?

\*Do you have Medicare?

\*Primary insurance company Individual ID or Plan number or patient ID

\*Primary insurance Group ID (if any)

\*Insurance Company's phone number (typically located on back of card)

Date your primary insurance coverage began?

\*Secondary insurance company name (if any)  
Secondary insurance company Individual ID or Plan number (if any)  
Secondary insurance company Group ID (if any)

Date your secondary insurance began?

Yes or No?

Do you have CareOregon OHP? If so, you do not need to call about coverage. (We do not currently accept OHP.)

Yes or No?

\*Is your (future) Hawthorne Chiropractic provider in-network with your insurance plan?

**AUTH's:**

Yes or No?

- \*Do you need an authorization for chiropractic care? (y/n)
- \*Do you need an authorization for physical therapy modalities? (y/n)
- \*Do you need an authorization or referral for massage care? (y/n) which?
- \*Is code 97124 paid if performed by a massage therapist? (y/n)

Is there a visit limit or \$ amount max for Chiropractic physician care? \*  
for physical therapy? \*  
for massage therapy? \*  
How much of the limited ^ have I already used this year? \* (in any category)

**DEDUCTIBLE:**

What is your deductible? \*

-> \*How much of your deductible has been met?

Yes or no?

[DC] \*Does your deductible apply to chiropractic treatment?

Yes or No?

\*Is your deductible waived for office visits?

Yes or no?

[PT] \*Does your deductible apply to physical therapy benefit? (ask specifically because we do both)

\*What is your copay (\$ amount) or co-insurance (%) for chiropractic?

\*What is your copay (\$ amount) or co-insurance (%) for physical therapy?

\*What is your copay (\$ amount) or co-insurance (%) for massage therapy?

Yes or no?

\*If I receive chiropractic and they provide physical therapy (body work or exercises) do I have to pay a separate copay/or co-insurance for each?

Yes or No?

\*Are these medical procedures below covered (usually a % or max amount paid):

X-rays?

MRI?

Orthotics?

Labs?

Yes or No?

\*Is deductible waived, for x-ray, MRI or lab?

Yes or No?

\*do you have go to a specific location or network mandatorily used for imaging (per your insurance's contract), ex. EPIC (east portland imaging center) imaging?

\*Yes or No

Does your plan cover code 97140? (y/n) 97124? (y/n)

Does your plan cover extended visit code 99354? (y/n)

Do you have coverage for telehealth?

If yes, which codes?:

codes: 99421 (y/n), 99422 (y/n), 99423 (y/n)

codes: 99441 ((y/n), 99442 (y/n), 99443 (y/n)