

## Insurance Benefits Worksheet

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

ID# \_\_\_\_\_ Group #: \_\_\_\_\_

Please confirm your insurance coverage BEFORE your New Patient Visit:

- Is Dr. Kevin Phillips DC in network or a “preferred provider” for this plan? Y / N  
Tax ID #204789345
- Effective Date of Coverage? \_\_\_\_\_ Calendar year plan? (resets on Jan 1<sup>st</sup>?) Y / N  
(If no, please note the date that the plan turns over) \_\_\_\_\_
- **Chiropractic Coverage?** Y / N If No, skip to Physical Therapy Coverage below
- Are manipulations covered? Y / N (CPT code 98941)
- Does a deductible apply? Y / N  
Deductible: \_\_\_\_\_  
Deductible Remaining: \_\_\_\_\_
- Copay or Coinsurance? \_\_\_\_\_
- Maximum Benefit? \_\_\_\_\_ Benefit remaining \_\_\_\_\_  
(Please note that if the benefit is shared with acupuncture or another modality, it is your responsibility to keep track of your benefit and inform Dr. Kevin if you’re using the benefit elsewhere)
- **Physical Therapy Coverage?** Y / N  
Deductible \_\_\_\_\_  
Copay or Coinsurance \_\_\_\_\_  
Maximum benefit \_\_\_\_\_ Benefit remaining \_\_\_\_\_  
Authorization Required? Y / N
- Is CPT code 97140 covered? Y / N

Please note that you are responsible for all co-pays, co-insurance, and deductibles, as well as any charges denied by your insurance company.

Sign here \_\_\_\_\_ Date \_\_\_\_\_