

Insurance Verification

Date _____

Name _____

DOB _____

Insurance Company: _____ Phone # _____

ID# _____ Group # _____

Your Signature _____

Call up your insurance carrier and tell them you want to find out your Chiropractic benefits. The phone number for member services is on the back of your insurance card.

Ask these questions:

I would like to find out if I have Chiropractic benefits and if the doctor is in my plan.

The Chiropractor I would like to see is:

Dr. Steven Goodstein

445 North State Road, Ste 2, Briarcliff Manor NY 10510

Phone: 914-432-7117

Do I have Chiropractic benefits? Yes No Comments: _____

Is Dr. Goodstein in or out of my Network? In-Network / Out of Network

Is a Referral needed: Yes No

How many office visits are covered per year? _____

Do I have a Deductible: Yes No Amount: \$ _____ How much has been met: \$ _____

What is my Co-Pay: \$ _____ or is it a percent? 90/10 80/20 70/30 65/35 or other ____/____%

What is the mailing address that the medical claims should be sent to? (may not be same as on your card)

Name: _____

Address: _____

Town _____ State _____ Zip _____

By signing this form I understand it may not be a guarantee of benefits since insurance companies sometimes give wrong information regarding coverage. If that is the case, I agree to pay Dr. Goodstein for services rendered that were deemed not covered by my insurance.

Name: _____ Date: _____