Using Health Insurance?

Follow the simple steps below before your first visit in our office. It's as easy as 1, 2, 3! Ask your insurance representative any additional questions you may have.

1.	Call the Customer Service/Member # on your insurance card. Follow the automated steps to receive your member benefits.		
2.	What is Insurance a. Date:	Representatives name: Time:	
3.	My name is	; I am calling to see what my chiropracti	ic benefits are.
4.	I will be seeing Dr. Heather Yost with Yost Family Chiropractic. Is she in or out of network?		
5.	Is there a deductible? {YES} {NO} (circle one) a. If YES, what is my deductible amount? b. How much has been applied to my deductible?		
6.	What are my chiropractic benefits? a. Co-Insurance: b. Copay:		
7.	Are there any policy limitations such as a dollar amount or number of office visits?		
	a. If YES, has an	nything been already applied to these limitations?	
8.	What is my effective date?		
9.	Is authorization requ	uired for my plan?	
10.	. Are my covered bene	efits based on medical necessity? {YES} {NO} (o	circle one)
11.	chiropractic benefi a. CPT Code 7 b. CPT Code 9 c. CPT Code 9 d. CPT Code 9	ance representative with the following codes. It quoted above or if they have a separate benef 2010 (X-Ray): 9202 (Exam): 7014 (Muscle Stimulation Therapy,): 7112 (ART, Muscle Therapy): 9200 (Kinesotape Strapping):	fit.
Consulta	ations are free of cha	urge and all fees will be discussed before any se	ervices are rendered
		account? Great news! Take advantage of redu using these tax savings accounts!	iced fees (sometimes even better than
Patient Print Name:		Patient Sign:	Date: