

Due to the ever changing insurance industry, we advise our patients to verify their benefits. This form will help determine your coverage. REVIVE Injury and Wellness provides insurance billing for our patients but your insurance is a contract between you and the insurance company. Verifying your own benefits will help us determine the most accurate cost of care. **Please complete the following form prior to your appointment.**

REVIVE Injury and Wellness is paneled with the following insurance companies:

- American Specialty health, Aetna, CHP, Cigna, First Choice, Healthnet, Humana, Lifewise, Moda, Pacific Source, Providence/EBMS, Regence, and United

Fill out the information as it appears on your insurance card:

Subscriber Name: _____

Patient Name: _____

Insurance Company: _____

Insurance ID#: _____

Group ID# _____

Insurance Phone # _____

Call the number listed on your insurance card and ask a subscriber service representative the questions below to find out your benefits and eligibility:

1. Name of the representative I spoke with:

_____ Date _____

2. Is prior authorization needed?

3. Do I have Chiropractic coverage?

4. Do I have massage coverage?

5. Is the code 97124 covered?

6. Beginning date of coverage _____. Ending date of coverage _____.

Chiropractic:

Co-Pay _____ Co-Ins % _____ Unit Max: _____ Visit Max: _____

Dollar Max _____

Massage:

Co-Pay _____ Co-Ins % _____ Unit Max: _____ Visit Max: _____

Dollar Max _____

7. Are any of the above services subject to a deductible?

Yes or no? If yes, how much has been met? _____

8. Can a Chiropractor refer for an imaging request?

I understand that insurance billing is provided as a courtesy, and that I am responsible for full payment should insurance deny these services.

Name: _____

(Please print. Include parent / guardian name if patient is a minor)

Signature: _____

(Parent or guardian if patient is a minor)

Date: ____ / ____ / ____

Upon completing this insurance verification form please fax it to 503-334-3604 or send it through email to Info@reviveinjury.com to keep with our records and start billing insurance on your behalf.