



Verify your own insurance and receive an extra **\$10** off of your first visit!

INSURANCE VERIFICATION

On the front or the back of your insurance card there should be a member services telephone number or customer service number. After dialing that number proceed with getting the following information:

<p>Patient Name: _____ SSN: _____ Birth date: _____ Card Holder: _____ Birth date: _____ Relationship to Insured: _____ Primary Insurance: _____ Claim address: _____ ID#: _____ Group #: _____ Provider Services Phone#: _____ Effective Date: _____</p>
<p>Deductible: Y/N Amount \$ _____ Has Deductible been met Y/N Amount met: _____ Out Pocket: _____ Out of Pocket Met: Y/N Amount met: _____ Co-Insurance %: _____ Co-Pay: \$ _____ Any Pre-existing Y/N _____ Maximum Visits per Year: _____ Maximum \$ per year: _____ Is Axis Chiropractic an In-Network Provider for this Plan? Y/N</p>

DISCLAIMER: The patient and other person responsible for payments has a right to refuse to pay, cancel payment or be reimbursed for any other service, examination, or treatment, which is preformed as a result of and within 72 hours of responding to the advertisement for the free, discounted fee or reduced fee services, examination or treatment.