

## **Insurance Coverage Check-list**

On your Health Insurance card there will be an '800' phone number for member sorvices. Please call and ask for your CHIPORP ACTIC benefits. This forms will also be a first form of the first series of the fi sei wi

rvices. Please call and ask for your CHIROPRACTIC benefits. This form will aid you ith questions to ask regarding if you have coverage.	
✓	Do I have Chiropractic benefits on my plan? Yes No*
✓	Is Dr. Terry Weyman or Chiropractic Sports Institute a provider on your plan? Yes No*
✓	If "no", do you have out-of-network benefits on your plan? Yes No*
	*If your answer to any of these is No, you would be considered a 'Time of Service' patient and required to pay for your services at the time of treatment.
	Do I have a limited number of visits per calendar year? Yes No If so, how many?
✓	Are they combined with OT, PT, and Speech Therapy? Yes No
✓	Are they subject to an annual deductible? Yes No
✓	If so, what is my annual deductible?
✓	What is my copay I am responsible for when treated each time?

Please bring this form with you on your first visit with a copy of your Health Insurance Card and your driver's license.