



We encourage you to verify your insurance benefits and have developed the following guide to assist with the process. Please record all relevant information to cross-check with our verification process.

You will find a customer service number on your insurance card. Please contact a service representative and ask the following questions about each recommended service.

It is always recommended that you record the name of the person with whom you discussed your coverage.

Name: _____

Date: ____/____/____

We have recommended the following treatments:

Procedure	Procedure Code	
Re-examination	99211-99215	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spinal manipulation	98940, 98941, 98943	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical muscle stimulation	97014	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical Traction	97012	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ultrasound Therapy	97035	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exercises and stretches	97110	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neuromuscular Re-education	97112	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manual Therapy	97140	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADL/Self Care	97535	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does my policy allow for re-imbusement of 98940, 98941, 98943 with 97012-97535 on the same date of service? Yes No

Please ask the following questions.

Are the recommended treatments covered? Yes No

Is Dr. André Montgomery, or Montgomery Chiropractic Center, participating with / part of this network? Yes No

If no, ask next question: Is there an out of network benefit? Yes No Details: _____

Do I need a primary care physician referral? Yes No

Is there a deductible? Yes No Amount: _____

Has it been met this year? Yes No

How many treatments may I receive? _____

Is there a maximum allowable payment for each service? _____ Amount: _____

Can you send me confirmation of this conversation? Yes No Confirmation #: _____

As you complete this process, please feel free to call our office at 440-930-5537. If you would like to cross check the information that you obtain, please fax this form to 440-930-5237. As always, we request your feedback on how we might improve this form.