

**PATIENT HAS COVERAGE WHICH IS SECONDARY TO MEDICARE** Verif by: \_\_\_\_\_ Date: \_\_\_\_\_

Dr's tax ID #: \_\_\_\_\_ NPI: \_\_\_\_\_ Provider ID for this Ins. Co.: \_\_\_\_\_ Prov. zip code: \_\_\_\_\_

Ins.Co.: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ins. Rep: \_\_\_\_\_

Plan type: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_ S.S. # \_\_\_\_\_

Pt Name: \_\_\_\_\_ D/O/B \_\_\_\_\_

Pick up/pay for Medicare Part B deductible? YES NO Pick up/pay the full 20 % Medicare coins? YES NO\*

Will you pay up to the Medicare limiting charge (excess charges) on non-assigned claims? YES NO

Follow Medicare guidelines? YES NO \*\*Pay for charges not approved by Medicare? YES NO

Automatic crossover from Medicare? YES NO Do you send pyt to us if Medicare assignment accepted? YES NO

Claims address: \_\_\_\_\_ Medicare ID # \_\_\_\_\_

\_\_\_\_\_ Date Verif: \_\_\_\_\_

\_\_\_\_\_ Deduct Met? YES NO Amt \_\_\_\_\_

Medicare Advantage Plan? Y N Medicare Primary? Y N Reverif: Date \_\_\_\_\_ Amt met \_\_\_\_\_

\*When Medicare pays for the visit, must pt meet out of pocket before you pay the Medicare coins? YES NO  
(may say non-duplication policy or may say they pay up to 80% between the 2 of them until out of pocket is met). \_\_\_\_\_

\*Will they pay the full 20% coinsurance on visits that Medicare approves, or will they only pay a percentage of the 20%? Full 20% Percentage of the 20% covered: \_\_\_\_\_%

\*\*If secondary coverage is **not** a strict supplement (ie. they pay for charges not approved by Medicare) ask following:

We are: In Network Out of Network Chiropractic Covered? YES NO

Effective Date: \_\_\_\_\_ Cov type: Family Single Husband/wife Parent/Child

Deductible: \$ \_\_\_\_\_ Met?: YES NO Part met amt:\$ \_\_\_\_\_ Cal yr? Yes No (time frame: \_\_\_\_\_)

Coinsurance: \_\_\_\_\_% Copayment:\$ \_\_\_\_\_ Out of pocket \$ \_\_\_\_\_, Amt met:\$ \_\_\_\_\_

Visit limits: NONE # visits \_\_\_\_\_ per Cal yr benefit yr \_\_\_\_\_ Condition Lifetime max? \_\_\_\_\_

Medical Necessity YES NO Reviewed after ? visits: \_\_\_\_\_ # Visits/\$ already used up \_\_\_\_\_

Dollar Limit? NO YES \$ \_\_\_\_\_ per \_\_\_\_\_ Pd out amt? Charges? Exam Cov? YES NO \_\_\_\_\_

X-rays cov? YES NO Coins: \_\_\_\_\_% Copay:\$ \_\_\_\_\_ Count toward visit limit? YES NO Deduct? YES NO

PCP referral? YES NO Precertified? NO YES phone # \_\_\_\_\_ Auth after # visits?: \_\_\_\_\_

Timely filing limit \_\_\_\_\_ Payment assignable? YES NO

Is our fee w/in R&C (U&C)? CPT code 98940 YES NO \$ \_\_\_\_\_ 98941 YES NO \$ \_\_\_\_\_

Ref. #: \_\_\_\_\_