

Insurance Verification Form

Please return this completed sheet to our office with the rest of your new patient paperwork when complete.

Please take a minute and contact your insurance company to get your benefit information before your appointment.

Please remember that your insurance is an agreement between you and your insurance company, not between our office and your insurance company. You are ultimately responsible for your bill.

You will want to know:

Is New England Family Chiropractic on your provider list?

Do I have a deductible?

How much is it?

Has it been met?

Do I have a visit limit?

What is my co-pay?

What is my co-insurance?

When does your plan begin and end? (what months?)

January-December or July-June?

Sign

Date