Nauvoo Health & Chiropractic - Dr. Tom Grant DC
217-250-1800 - 1390 Mulholland St, Nauvoo, IL 62354 - NauvooHealth.com

Insurance Verification Form

Patient Name: _____ Date: _____

Birth Date: _____

Is your condition due to an accident or work-related cause? □ NO □ YES, Date of accident: _____

Name of Insurance Company: _____

Name of Primary Insured: _____ Relationship: _____

Birth Date: _____ Phone # _____

Coverage Start Date: _____ Coverage End Date: _____

Please specify with your insurance carrier that you are verifying coverage of
CHIROPRACTIC CARE IN A CHIROPRACTIC CLINIC.

Deductible: Individual $ _____ Family $ _____ Amount Met: Individual $ _____ Family $ _____

Chiropractic Copay $ _____ Visit Limits per Year: _____ **Pre-Authorization Required**: □ NO □ YES

Amounts Covered for Chiropractic Services:

New Patient Exam - 99202 - $ _____

New Patient Exam - 99203 - $ _____

Existing Patient Exam - 99212 - $ _____

Existing Patient Exam - 99213 - $ _____

Existing Patient Exam - 99214 - $ _____

Spinal Adj. 1-2 Regions - 98940 - $ _____

Spinal Adj. 3-4 Regions - 98941 - $ _____

Spinal Adj. 5-6 Regions - 98942 - $ _____

Extra Spinal Adjustment - 98943 - $ _____

Therapeutic Cold Laser - 0552T - $ _____

Therapeutic Exercise - 97110 - $ _____

Neuromuscular Re-Ed - 97112 - $ _____

Manual Therapy - 97140 - $ _____

Therapeutic Activities in Office - 97530 - $ _____

Home Exercise Program - 97535 - $ _____