



2812 E Meinhold Road, Langley, WA 98260  
360-331-5565 phone 360-331-7122 fax

**Patient Insurance Information**

Patient name: \_\_\_\_\_

Relationship to insured (self, spouse, child, etc.): \_\_\_\_\_

Patient date of birth (mm/dd/year): \_\_\_\_\_

Patient home zip code: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance ID # (include all letters & numbers): \_\_\_\_\_

Group #: \_\_\_\_\_

Secondary insurance coverage? \_\_\_\_\_

Employer: \_\_\_\_\_

**Please bring your insurance card in with you on your first visit.**

**If you would like us to verify your benefits in advance of your initial appointment, please fill out the above portion and fax this form to 360-331-7122.**

***For Office Use ONLY below***

Calendar or Group year: \_\_\_\_\_ # of chiropractic visits **or** \$ amt/yr: \_\_\_\_\_

Pre-authorization required? Yes \_\_\_ No \_\_\_ Referral required? Yes \_\_\_ No \_\_\_

Subject to deductible?

Yes: Deductible amt? \_\_\_\_\_ Amount of deductible met? \_\_\_\_\_ No \_\_\_

Co-pay/Co-insurance? Yes: \$ \_\_\_\_\_ % No \_\_\_

Exams? Yes \_\_\_ No \_\_\_ Amount? \$ \_\_\_\_\_ Subject to deductible? Yes \_\_\_ No \_\_\_

X-Rays? Yes \_\_\_ No \_\_\_ Amount? \$ \_\_\_\_\_ Subject to deductible? Yes \_\_\_ No \_\_\_

Modalities: Do modalities count towards Physical Therapy benefits? Yes \_\_\_ No \_\_\_

	Massage Therapy	97124	_____	\$/%
	Traction	97012	_____	\$/%
None	Manual Therapy	97140	_____	\$/%
	Therapeutic Exercise	97110	_____	\$/%
	Neuromuscular Re-education	97112	_____	\$/%
	Ice/Heat	97010	_____	\$/%

Supplies, DMEs (i.e. braces, collars, etc.)? ? Yes \_\_\_ No \_\_\_ Amount? \$ \_\_\_\_\_