



CRESCO CHIROPRACTIC CLINIC P.C.

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Insurance Verification Worksheet for Chiropractic Benefits. Date __/__/__

Insurance. Co. _____ **1° 2° Ph. #** _____

Adjuster/Agent _____ **ID# / Ext.** _____

Diagnosis 1. _____ **2.** _____ **3.** _____ **4.** _____ **5.** _____ **6.** _____

Co-Pay \$ _____ **Payor ID #** _____

Insurance % _____ **Patient %** _____

Amount Allowed _____ **Amount Used** _____

Visits Allowed _____ **Visits Used** _____

Deductible _____ **Deductible Met** _____

Max out of pocket _____ **Met out of pocket** _____

Reset Date _____ **Any Riders** _____

In Network Y/N (please circle)

Covered services (please circle) list;

Adjustment Y/N _____ **Exam Y/N** _____

X-ray Y/N _____ **Therapy Y/N** _____

Prescribed Product/ Supplement Y/N _____

Misc. notes _____
