

INSURANCE BENEFIT DETAILS

SINCE THE INTRODUCTION OF THE PRIVACY ACT IT HAS BECOME INCREASINGLY DIFFICULT FOR US TO OBTAIN INFORMATION REAGRADING YOUR HEALTH BENEFITS AND COVERAGE LEVELS. SHOULD YOU WISH FOR US TO HELP YOU UNDERSTAND YOUR COVERAGE DETAILS, PLEASE CALL YOUR INSURANCE CARRIER AND REQUEST THE INFORAMTION BELOW: THIS WILL HELP US ASSIST YOU BETTER.

Today's Date: _____	Policy Holder Name: _____
Insurance Company Name: _____	
Policy # _____	ID/Certificate # _____

WHAT YOU SHOULD ASK:

What is my Benefit Year? _____
Do I have direct billing? Y N

Chiropractic Coverage:

What is my maximum per year? _____
What is my maximum per session? _____
Am I covered at 100%? _____
Do I need a Doctors Referral? _____

Physiotherapy Coverage:

What is my maximum per year? _____
What is my maximum per session? _____
Am I covered at 100%? _____
Do I need a Doctors Referral? _____

Massage Therapy Coverage:

What is my maximum per year? _____
What is my maximum per session? _____
Am I covered at 100%? _____
Do I need a Doctors Referral? _____

Compression Stocking Coverage:

What is my maximum per year? _____
What is my maximum per pair? _____
Am I covered at 100%? _____
Do I need a Doctors Referral? _____

Orthotics Coverage:

What is my maximum per year? _____
What is my maximum per pair? _____
Am I covered at 100%? _____
Do I need a Doctors Referral? _____

TENs Unit Coverage:

What is my maximum per unit? _____
What is my maximum per life time? _____
Am I covered at 100%? _____
Do I need a Doctors Referral? _____