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 www.backfixer1.com

Prospective New Patient Information

Who referred you to our office? _____

Plan Name

Oxford Aetna United HC (**out network only**) Medicare Amerihealth Other _____

BCBS (circle) National HMO POS Blue PPO AT&T Union self insured

Cigna – We only accept PPO, not HMO. Ask if this is the HMO plan and if so, get out of network benefits.

Phone number on card for medical information _____

Appointment Date: _____ Time: _____

Does your plan require a referral Y N

Patient Name
 (Print) _____ Phone(Cell)# _____

Phone(Hm)# _____ Phone(Wk)# _____

Address _____ City _____

State _____ Zip _____ Email _____

Policy#: _____ SS #: _____

Group # _____ Date of Birth _____

Individual policy Yes No

Relationship to policy Self Spouse Child Other (circle one)

Name policy is under _____

Insured SS number _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Email _____

Insurance verification Form

Dr. Tax I.D.: 133416194

Date Ins. Called: _____

*Persons name who gave you the info (**get both first and last name**):*

First Name _____ Last Name _____

Verification for [] in network [] out of network [] in and out of network

Ask for in network benefits if we participate in the plan and the patient is using their in network benefit.

Ask for out of network benefit if patient is going out of network on any plan or if we do not participate in that plan

1. Referral needed Yes [] No [] Effective policy date _____

2. Co-payment amount: _____

2a. Limits (visits _____ dollars _____)

What is the deductible? _____ Is that yearly? _____

Has it been paid? Yes [] No [] If yes, how much? _____

3. Does care need to be pre-certified. Yes No. If Yes, through whom _____

Oxford [] **Triad** [] Call Provider Services Ref# _____

***Aetna HMO, POS QPOS, Medicare call Triad at 800-409-9081 to verify if precert is needed.**

*United Health – does not require certification for out of network providers

4. Does policy cover X-rays? Yes No. Limits? _____

5. Do they cover cervical Pillows? Yes No Foot Orthotics? Y N

6. Can benefits be assigned to the chiropractors office? Yes No

7. Billing Address? _____

8. Does plan accept electronic billing Yes (e billing #: _____) No
(circle one)

Medicare only - Secondary carrier additional questions

11. Medicare supplement is a. primary (patient still working) or b. secondary

12. Does the policy cover a. only what Medicare covers or b. Cover all services including those not ordinarily covered by Medicare.

Automobile Insurance Plans (Refer to patient Automobile Packet)

- Call patients auto insurance carrier.
- Verify their Claim Number and make sure you have the Medical, not the auto number. Make sure you have their auto policy, not other driver if they have ins.
- Verify the Adjuster, get their **private phone # or extension, EMAIL and precert fax.**
- Address to where bills are sent. All info is to be written directly onto the auto pack, not this sheet.
- After all information is verified, give to doctor who will do initial certification