



WELL
Connected
CHIROPRACTIC

*How to verify if your insurance covers **out-of- network chiropractic** benefits:*

Well Connected Chiropractic is an **out-of- network** provider for chiropractic care. We do not accept HMO plans, covered California or Medical.

We will bill your insurance if they cover out-of-network chiropractic care AND you have an individual deductible of \$2,000 or less. When calling your insurance provider, ask them the questions below and fill out the form in detail. If you have questions about their answers and would like an explanation, bring the completed form to your first appointment and we can explain it to you in further detail.

SAMPLE INSURANCE CARD

****This is the FRONT of an Insurance Card**

aetna
AETNA CLASSIC 3500
Managed Choice
Open Access
ID W1234 56789
NAME
01 JOHN Q SAMPLE 1
HEALTH PLAN (80840) 9140860054
GRP: 123456-010-00001
PCP: ABC FAMILY PRACTICE
RX BIN# 610502
PCP: ABC FAMILY PRACTICE
PCP: ABC FAMILY PRACTICE
PCP: ABC FAMILY PRACTICE
PCP: ABC FAMILY PRACTICE

****This is the BACK of an Insurance Card**

www.aetna.com
You have to choose a primary care doctor. Referrals are required for most services (except direct access benefits). Some services may also require prescertification. Without a referral or pre-approval, you may pay more or even full price. For mental health and substance abuse pre-approval or coverage questions call: 1-800-424-4947. See your plan documents for information about your plan requirements. In an emergency call 911 or go to the nearest emergency room. Note: This card does not guarantee coverage.
Member Services
Legal Entity Prints Here
EL PASO P.O. BOX 861106
TX 79998-1106
MEMBER SERVICES 1-888-888-8888
PROVIDERS CALL 1-888-932-3862
RX MEMBER SERVICES 1-888-792-3862

****This is the FRONT of an Insurance Card**

UnitedHealthcare | Community Plan
Health Plan (80840) 911-87726-04
Member ID: HS99999999 Group Number: IA
Member: SUBSCRIBER M BR
Payer ID 87726
OPTUMRx
Rx Bin:
Rx Grp:
Rx PCN:
Administered by UnitedHealthcare Plan of the River Valley, Inc.

****This is the BACK of an Insurance Card**

Member Services
Unauthorized use of non-plan providers may result in benefits denial.
www.MyUHC.com/CommunityPlan
For Members: 800-464-9484 TDD 711
NurseLine: 877-244-0408 TDD 711
Mental Health: 800-510-5145 TDD 711
For Providers: www.unitedhealthcareonline.com 888-650-3482
Medical Claim Address: P.O. Box 5220, Kingston, NY 12402-5220
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacist: 877-305-8952

The information on this page is necessary for us to understand how your insurance covers your out-of-network chiropractic care.

To determine if you have **out-of-network** chiropractic benefits, follow the steps below:

Call your insurance provider with the number listed on your insurance card. You will need your insurance ID # and date of birth of the member.

Ask them these questions:

1. Do I have out-of-network chiropractic benefits? **YES** **NO**
If **NO**, then you do not have chiropractic coverage for an out-of-network provider. Please ask for the name of the representative and a call reference number and politely end the call. If **YES**, please move on to the next question.
2. Will my claims be sent through ASH (American Specialty Health)? **YES** **NO**
If **YES**, we CANNOT bill your insurance as ASH does not pay for chiropractic coverage. Please ask for the name of the representative and a call reference number and politely end the call. If **NO**, please move on to the next question.
3. What is my individual out-of-network deductible? _____ How much has been met? _____
If your deductible is more than \$2,000, **we will not bill your insurance**. Please ask for the name of the representative and a call reference number and politely end the call.
If your deductible is \$2,000 or less, please move on to the next questions.
4. What is my family out-of-network deductible? _____ How much has been met? _____
5. What is the effective date of my insurance policy? _____
6. What is my individual out of pocket (OOP) maximum? _____ How much has been met? _____
Family OOP max? _____ How much has been met? _____
7. At what percent does my insurance cover? _____
 - i. This means that insurance will cover **up to** that % of coverage.
8. What are the number of chiropractic visits allowed each year? _____ What are the number of visits used so far? _____
9. Are x-rays covered? **YES** **NO**
10. Ask them to verify these CPT codes (this will tell us whether your insurance would cover different modalities that are used in the office)
 - i. 97124 **YES** **NO**
 - ii. 97012 **YES** **NO**
 - iii. 97110 **YES** **NO**
 - iv. 97014 **YES** **NO**
11. Ask their name: _____ and a call reference number: _____

If you answered yes to #1 and your individual deductible or family deductible is \$2,000 or less, OR you have met your out-of-pocket maximum, we can bill your insurance. Insurance will cover up to a percentage of their allotted amount.