



## ***Insurance Information Sheet***

Welcome to Progressive Sports Medicine. We offer a wide variety of services that will improve your health and wellness while reducing the aches and pains you are experiencing. Our services include Physiotherapy, Chiropractic, Massage Therapy, Custom Made Foot Orthotics, Acupuncture, Athletic Therapy and Clinical Conditioning.

Most of these services are covered by private insurance plans (provided by your employer or paid for personally). Proper utilization of your coverage will ensure you reach your health and wellness goals quickly, effectively and at a minimal cost to you.

Please call your insurance company and complete the following information before your next visit.

### **Chiropractic Treatments**

⇒ What is the maximum amount paid per visit and per calendar year for Chiropractic treatments?

Per Visit \$ \_\_\_\_\_ Per Calendar Year \$ \_\_\_\_\_

⇒ When does coverage begin?

- With First Treatment Yes  No
- After \_\_\_\_\_ treatments Yes  No

### **Orthotics**

⇒ Do you have coverage for custom-made foot orthotics? Yes  No

- If yes, what is the amount covered? \$ \_\_\_\_\_ per calendar year

⇒ How many pairs covered?

- One pair every calendar year
- One pair every 12 month period
- One pair every 24 month period

⇒ Referral letters required? Yes  No

- If yes, from an: MD  Podiatrist  Chiropractor  Other Specialist

⇒ Can a Chiropractor dispense orthotics? Yes  No

### **Orthopedic Shoes**

⇒ Do you have coverage for custom-made orthopedic shoes? Yes  No

- If yes, what is the amount covered? \$ \_\_\_\_\_ per calendar year

⇒ How many pairs covered?

- One pair every calendar year
- One pair every 12 month period
- One pair every 24 month period

⇒ Referral letters required? Yes  No

- If yes, from an: MD  Podiatrist  Chiropractor  Other Specialist

### **Massage Therapy**

⇒ Do you have coverage? Yes  No

- If yes, the amount covered is \$ \_\_\_\_\_ per visit. \$ \_\_\_\_\_ per calendar year.
- ⇒ Referral letter required? Yes  No  From an: MD  Chiropractor  Other \_\_\_\_\_

**Physiotherapy**

- ⇒ Do you have coverage? Yes  No
- If yes, the amount covered is \$ \_\_\_\_\_ per visit. \$ \_\_\_\_\_ per calendar year.
- ⇒ Referral letter required? Yes  No  From an: MD  Chiropractor  Other \_\_\_\_\_

**Acupuncture**

- ⇒ Do you have coverage? Yes  No
- If yes, the amount covered is \$ \_\_\_\_\_ per visit. \$ \_\_\_\_\_ per calendar year

**Athletic Therapy**

- ⇒ Do you have coverage? Yes  No
- If yes, the amount covered is \$ \_\_\_\_\_ per visit. \$ \_\_\_\_\_ per calendar year

**What Percentage Covered**

- ⇒ 100%  80%  Other \_\_\_\_\_

**Extra Notes:**

- ✓ Always make sure you get the name of the person to whom you spoke to or who gave you this information so you can reach the person in the case of a discrepancy.
- ✓ If you have any questions or concerns regarding any insurance coverage information and submissions, please do not hesitate to ask at the front desk and we will gladly assist you.
- ✓ If you require assistance in calling any insurance companies, the following information is needed.

- Insurance company name and telephone number:

Company Name \_\_\_\_\_ Telephone # \_\_\_\_\_

- Claim, policy and/or group number.

Claim/Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Patient's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Kindly return this completed form, so that we may keep on file for future reference.**