

Spirit Point Medicine
Insurance Verification Form
Shannon Conrad LAc NPI: 1174858484
Tax ID: 27-1908568

As a service to our patients, Spirit Point Medicine provides courtesy insurance billing. **However, it is the responsibility of the patient to verify the details of their insurance coverage. In order to ensure that you are aware of your insurance coverage, we ask that you complete this form prior to your initial appointment. If you do not have insurance coverage, or have not submitted the completed insurance verification form by the time of your office visit, payment will be due at the time of service.** It is the patient's responsibility to be aware of his/her coverage, as well as any deductibles and maximums. If insurance denies payment for any reason, the patient is responsible for full payment within 30 days of receiving a bill. Thank you for your cooperation.

Name of Insurance: _____ Telephone # _____

Patient Name & Birthdate:

Policy Holder's Name & Birthdate:

ID #: _____ Group # _____

Plan Effective Date: _____ Plan Year: Calendar OR Fiscal (from _____ to _____)

Deductible (In Network): \$ _____ Out of Pocket Maximum: \$ _____

Deductible must be met first? Yes/No

Is Shannon Conrad an in-network provider with my insurance plan? Yes/No

Is a Pre-authorization needed? Yes/No

Is there a combined max with other modalities? Yes/No

If yes, combined max includes:

- Chiropractic Yes/No
- Physical Therapy Yes/No
- Naturopathy Yes/No

Maximum benefit insurance will pay:

Maximum # of visits:

Number of visits used to date:

Patient Pays: Copay/Co-Insurance %

Insurance Pays: %

Number of visits used to date: