



Kentwood Family Chiropractic
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(616) 365-5251
Email: kentwoodfamilychiro@gmail.com

Insurance Benefits Form

This form is **optional**, but completing it can help you feel more comfortable knowing what your charges may be before your appointment. You may also call or email us at **kentwoodfamilychiro@gmail.com** with this information if you would like us to check your benefits for you.

Required Information:

Insurance Company:	
Contract/Policy Number:	
Group Number:	
Date of Birth:	
Provider Phone Number (from back of card):	

Optional: Questions to Ask Your Insurance Company

If you would like to call your insurance company directly, here are some simple questions to ask. Please write your answers in the spaces provided:

1. Do I have chiropractic benefits under my plan?

2. How many visits are covered per year?

3. Do I need a referral from my primary care physician?

4. Is there a copay, coinsurance, or deductible for chiropractic visits?

5. Are there limits or restrictions on chiropractic care (such as maintenance care not being covered)?

6. What is my responsibility per visit?

Please scan or photograph this completed form and email it to kentwoodfamilychiro@gmail.com, or print it and bring it with you to your first appointment.