

Name: _____ Date: _____

Call the member services number on the back of your BCBS insurance card and ask the following questions:

Number I called: _____ Person I spoke to: _____

Is this my primary insurance? _____

Does it cover chiropractic services at Total Health Chiropractic? _____

How much is my deductible? _____

How much have I met? _____

Do I have a copay? _____

If yes, is it a percent or a flat rate? _____

How many visits are allowed under my plan? _____

Is there a max dollar amount? _____

If yes, does it include my deductible? _____

Does it cover exams? _____ Therapies? _____ X-rays? _____

What are the limits on these? (if any)

Exams? _____ Therapies? _____ X-rays? _____

I have read through these questions and answers, and I understand that I am responsible for any services my insurance does not cover:

Sign

Date