Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subscriber ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| *Chiropractic* | *Massage Therapy* |
| Is Dr. Sandifer in Network? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is Dr. Sandifer a Preferred Provider? \_\_\_\_\_\_\_\_\_\_\_\_ | Is Catherine Davis in Network? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is Catherine Davis a Preferred Provider?\_\_\_\_\_\_\_\_\_ |
| Does this apply to my deductible? \_\_\_\_\_\_\_\_\_\_\_\_\_\_What is my deductible? \_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Does this apply to my deductible? \_\_\_\_\_\_\_\_\_\_\_\_\_\_What is my deductible? \_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| When does my deductible roll over?\_\_\_\_\_\_\_\_\_\_\_\_ | When does my deductible roll over? \_\_\_\_\_\_\_\_\_\_\_\_ |
| If it does not apply to my deductible, what is my co-pay? \_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Or Co-insurance? \_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If it does not apply to my deductible, what is my co-pay? \_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Or Co-insurance? \_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How many visits do I get a year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | How many visits do I get a year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do I need a prior authorization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Do I need a prior authorization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do I need a referral? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Do I need a referral? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do I have radiology coverage in case I need X-rays? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Who did you speak with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Call Reference Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***NOTES:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Who did you speak with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Call Reference Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***NOTES:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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