



**BLOCK**  
CHIROPRACTIC  
AND SPORTS  
PHYSICAL THERAPY

Jeffrey M. Block, DC, DABCO  
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Richard S. Block, DC, ICCSP  
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drjack@blockchiropractic.com

## **Insurance Verification Chiropractic NPI Number 1871557868**

**Date** \_\_\_\_\_

- Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_
- Insurance Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
- What is the name of the person you are speaking to? \_\_\_\_\_
- What is the **reference number** for this call? \_\_\_\_\_
- Primary Insured Relationship: Same, spouse, parent
- Primary Insured: \_\_\_\_\_ Primary Insured DOB: \_\_\_\_\_
- **Do you cover chiropractic?** Yes/No
- What is the insurance effective date? \_\_\_\_\_
- **Referral:** Do we need a referral Yes/No
- **Deductible:** Is there a deductible for chiropractic? Yes/ No. How much \$ \_\_\_\_\_
- Was the deductible met? Yes/ No. What is the balance of the deductible? \_\_\_\_\_
- Is it based on calendar year or other? \_\_\_\_\_
- **Limits:** Is there a limit to the number of visits for chiropractors? Yes/ No What is the limit? \_\_\_\_\_
- Is there a limits to the dollar amount for chiropractors? Yes/ No \_\_\_\_\_
- **Copayment:** Is there a present copayment and if so what is it for chiropractic care? \_\_\_\_\_
- Is the copayment a percentage of the fee for chiropractic care? \_\_\_\_\_

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**SELDEN OFFICE** | 260 MIDDLE COUNTRY RD, SUITE #7, SELDEN, NY 11784 | Tel: 631-696-4371 | Fax: 631-696-1616

**SMITHTOWN OFFICE** | 301 MAPLE AVE, SMITHTOWN, NY 11787 | Tel: 631-543-0004 | Fax: 631-864-5428

[www.blockchiropractic.com](http://www.blockchiropractic.com) | trusted by elite athletes |





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- Are there out of network benefits? Yes/No What is the coverage? \_\_\_\_\_

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