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### WHAT IS MY CHIROPRACTIC COVERAGE?

Per \_\_\_\_\_ with my insurance company

Do I have Chiropractic/Spinal Manipulation Benefits? **Y N**

*\*\*If you do not have Chiropractic or Spinal Manipulation benefits, then you do not need to ask the remaining question. You will need to pay out-of-pocket for your visit.\*\**

Is my plan: **CALENDAR YEAR** or **PLAN YEAR**

What date does my benefits and accumulators reset? \_\_\_\_\_

My deductible is \$\_\_\_\_\_. I have met \$\_\_\_\_\_ of my deductible as of today.

### SPINAL MANIPULATION & OFFICE VISIT BENEFITS

Does my deductible have to be met before my insurance will start paying towards my visits? **Y N**

Is my chiropractic/spinal manipulation benefit combined with other services? **Y N**

If so, which services?: **ACUPUNCTURE NATUROPATHY PHYSICAL THERAPY MASSAGE THERAPY**

Do I have a copay for spinal manipulations? **Y N** My spinal manipulation copay is \$\_\_\_\_\_

Do I have to pay a coinsurance(%) per spinal manipulation? **Y N** My spinal manipulation coins is \_\_\_\_\_%

Do I have a **separate** copay for office visits/exams/re-exams if billed on the same day as a manipulation? **Y N**

My office visit copay is \$\_\_\_\_\_

Do I have to pay a **separate** coinsurance (%) per office visit? **Y N** My office visit coinsurance is \_\_\_\_\_%

Do I have a maximum my insurance will pay for Chiropractic/Spinal Manipulation benefits? **Y N**

My calendar/plan year \$ maximum or office visit maximum is:\_\_\_\_\_

If a Chiropractor bills the following CPT codes, are they covered by my plan?:

CPT 97140 "Manual Therapy" - **Y N** If yes, which benefit does it fall to? **CHIRO** or **PT/OT**

CPT 97124 "Massage Therapy" - **Y N** If yes, which benefit does it fall to? **CHIRO** or **PT/OT**

CPT 97530 "Therapeutic Activities" - **Y N** If yes, which benefit does it fall to? **CHIRO** or **PT/OT**

**PHYSICAL THERAPY**

Does my deductible apply for my Physical Therapy benefit? **Y N**

Do I have a copay for Physical Therapy? **Y N** My Physical Therapy copay is \$\_\_\_\_\_

Do I have to pay a coinsurance (%) per Physical Therapy visit? **Y N** My Physical Therapy coins is \_\_\_\_\_%

Do I have a maximum my insurance will pay for Physical Therapy benefits? **Y N**

My calendar/plan year \$ maximum or visit maximum is: \_\_\_\_\_

**DIAGNOSTIC LAB & X-RAY BENEFITS**

Do I have an upfront lab & x-ray benefit? **Y N** What is the upfront lab benefit amount? \$\_\_\_\_\_

Does my deductible have to be met before my insurance will start paying towards my diagnostic labs and x-rays?  
**Y N**

Do I have a set copay for diagnostic lab and x-rays? **Y N** My copay is \$\_\_\_\_\_

Do I have to pay a coinsurance (%) per diagnostic lab and x-ray? **Y N**  
Your coinsurance is \_\_\_\_\_%

If you have any questions, please do not hesitate to contact your insurance or our billing team.