

# Insurance Verification Request

Thank you for sending us your insurance information prior to your scheduled appointment. We will strive to have your benefits verified prior to your visit, but cannot guarantee this, as it depends on how far in advance we have received this information.

You can contact your insurance company directly to find out your chiropractic benefits prior to your visit if you are worried about what may or may not be covered. Feel free to reach out to us with any questions!

Please complete the following and email to [staff@corechiropractic.net](mailto:staff@corechiropractic.net) or fax to **281-476-6134**.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Group ID #: \_\_\_\_\_

Phone # for Providers/Customer Service: \_\_\_\_\_

Your Best Contact Phone #: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

**Thank You!**