

QUESTIONS TO ASK YOUR PRIVATE / GROUP HEALTH INSURANCE COMPANY FOR: Date: _____

Patient Name: _____ D.O.B. _____ Telephone: () _____ - _____

Name of policy holder: _____ D.O.B. _____

Insurance Company: _____ Insur. Rep. Name _____ Plan # _____ I.D./ member # _____

CHIROPODY SERVICES (FOOT CARE SERVICES):

1. Do I need a doctor's referral before I visit the chiroprapist? Yes / No
2. Do I have to pay a deductible? No Yes \$10 \$20 \$__ per person? \$__ per family?
3. Is there a maximum / limit to how much money can be claimed? \$ ____ Example: \$500 per calendar year?
4. Is there a maximum / limit to how much is covered per visit? Yes, then \$__ per visit / No
5. What percent does the insurance cover of the total fees? 100% 90% 80% __%

CUSTOM-MADE ORTHOTICS: "Orthotics" are in the simple terms the "insoles", but are made from to a 3-dimensional cast of your feet and made specifically according to a prescription by the specialist (the chiroprapist).

1. Do I need my family doctor's or my chiroprapist's prescription? Yes No
2. Does a pre-approval with the estimated fees need to be sent in? Yes No
3. Do I have to pay a deductible? No Yes \$10 \$20 \$__ per person? \$__ per family?
4. Is there a maximum / limit to how much money can be claimed? \$ ____ or "reasonable/customary fee"
5. What percent does the insurance cover of the total fees? 100% 90% 80% __%
6. How many pairs of orthotics can I claim in a benefit year? ____ The benefit year is: a calendar year or in ____ months.

ORTHOPEDIC SHOES: "Orthopedic" means an extra deep, structurally reinforced, etc. shoe. The word "Orthopedic" does not mean custom-made. "Orthopedic shoes" should not be mistaken as "Orthotic Shoes".

1. Are orthotics and shoes covered under a combined maximum? Yes No
2. Can orthotics and orthopedic shoes be ordered at the same time? Yes No
3. There are 3 types of orthopedic shoes: Which types of shoes are covered?
 - custom-made for me? Yes No
 - stock shoes (factory made, not custom-made) shoes? Yes No
 - stock-modified (factory made with modifications/changes) shoes? Yes No
4. Do I need my family doctor's or my chiroprapist's prescription? Yes No
5. Does a pre-approval with the estimated fees need to be sent in? Yes No
6. Do I have to pay a deductible? No Yes \$10 \$20 \$__ per person? \$__ per family?
7. Is there a maximum / limit to how much money can be claimed? \$ ____ or "reasonable/customary fee"
8. What percent does the insurance cover of the total fees? 100% 90% 80% __%
9. How many pairs of shoes can I claim in a benefit year? ____ The benefit year is: a calendar year or in ____ months.

COMPRESSION STOCKINGS:

1. How many pairs are eligible in a calendar or benefit year? ____ pairs
2. Is there a maximum fee I can claim? \$ ____ or "reasonable/customary fee"

- OTHER QUESTIONS:** 1. Is my family covered: spouse, children/dependents? Yes / No
2. What is my benefit year? _____
 3. Which address should I send my claim/estimate to? _____

Please Note: The foot clinic is happy to help you find the information you need for filing a claim and sending it out. However, it is the full responsibility of the patient to pay to full amount that the clinic has charged you for the services and products.

- *Village Foot and Orthotic Clinic, Cindy Chow, Registered Chiropodist, (905) 943-7575*