

How to Check Your Insurance



Insurance companies that do not cover us: all HMOs, including Kaiser Permanente.

Medicare pays 80% of their own fee schedule for “medically necessary” adjustments to the **spine only**, after the deductible has been met. They do not reimburse other charges that we charge here such as the exam, soft-tissue work, neuro-muscular reeducation, exercise instruction or extremity adjusting. Medicare does not pay for “wellness visits”. If you have supplemental insurance or a secondary insurance, it may cover what Medicare does not.

1. Call the member phone number on the back of the card. You'll need your member ID and the subscribing member's name and birthdate. Get a representative on the phone.
2. Ask if your insurance is “rendered by ASH (American Specialty Health)”. Anthem Blue Cross is an example. This company forces chiropractors to fill out lengthy forms, which we refuse to do. If we did, we would have to charge for that time which would make the price go up. You can try to get reimbursed, but I do not think they will pay anything.
3. You will be checking for “OUT OF NETWORK CHIROPRACTIC COVERAGE”.
4. Ask about level of coverage for these services. We are out of network, so ask for the “coinsurance” which is the % covered. The word “copay” is only used for in-network.
 - Please note that insurance companies have “allowed amounts” per service which may be different from the amount we bill. We might bill for \$60 for one line, but they only allow \$35 and they cover 70% of that. This example would result in 70% of \$35 (\$24.50) being paid to you or applied to your deductible, even though \$60 was billed out.
5. Ask about your deductible. If you still have \$800 left to spend before you hit your deductible, that means your insurance will say they “cover” chiropractic, but you won't see any reimbursements until that \$800 is applied using their amounts and percentages as seen in the example above.
6. Ask about policy limitations. Many plans have a maximum dollar amount per year, a maximum dollar amount per visit, limits on how many visits you can have per year, or limitations as to which services they will pay for. It's not really feasible to understand every limitation, but it can give you an idea of what limitations you're dealing with.
7. The benefits available under your policy may change without notice.

Got Coverage? Getting Your Superbill

1. You will be paying the full fees of your appointments up front.
2. We must itemize your visits into insurance codes if you are going to submit superbills to your insurance for reimbursement. Tell us NOW if you intend to do so, please. 😊
3. Your insurance might deny coverage, apply the costs to your deductible, or reimburse you for some of your costs.

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