

## Insurance Verification Information

**To obtain your insurance benefits for chiropractic care you can contact your insurance company at the Member Services number located on your identification card. You may be asked to provide the following information.**

### Patient's Information:

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First Name	Middle Initial	Last Name
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Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(best number to contact you during business hours)

E-mail Address: \_\_\_\_\_

### Subscriber's Information:

Check here if same as Patient

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First Name	Middle Initial	Last Name
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Date of Birth: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

### Insurance Information:

Name of Insurance Company: \_\_\_\_\_

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

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

If you wish for us to verify your benefits for you, you will need to provide us with the above information and the phone number for Provider Services (usually found on the back of your ID card).

The information from this form can be

Emailed to: [dlh@knology.net](mailto:dlh@knology.net)  
Faxed to: 843-556-8186  
Phoned in to: 843-556-0101  
Mailed/Delivered to: 1322 Ashley River Road

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