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| POLICY INFORMATION (1o COVERAGE) | POLICY INFORMATION (2o COVERAGE) |
| Policy Holder Name: | Policy Holder Name: |
| Policy Holder DOB: | Policy Holder DOB: |
| Insurance Company: | Insurance Company: |
| Policy renewal month: | Policy renewal month: |
| Direct billing allowed: Y N | Direct billing allowed: Y N |
| Deductable: Y N  Individual: $ Family: $ | Deductable: Y N  Individual: $ Family: $ |
| PHYSIOTHERAPY | PHYSIOTHERAPY |
| Referral Req’d: Y N | Referral Req’d: Y N |
| How much for Ax: | How much for Ax: |
| How much for Rx: | How much for Rx: |
| Max per year: | Max per year: |
| Covered at %: | Covered at %: |
| REGISTERED MASSAGE THERAPY | REGISTERED MASSAGE THERAPY |
| Referral req’d: Y N | Referral req’d: Y N |
| How much for Rx: | How much for Rx: |
| Max per year: | Max per year: |
| Covered at %: | Covered at %: |
| CHIROPRACTIC | CHIROPRACTIC |
| How much for Ax: | How much for Ax: |
| How much for Rx: | How much for Rx: |
| Max per year: | Max per year: |
| Covered at %: | Covered at %: |
| **NATUROPATH** | **NATUROPATH** |
| Referral req’d: Y N | Referral req’d: Y N |
| How much for Rx: | How much for Rx: |
| Max per year: | Max per year: |
| Covered at %: | Covered at %: |
| ACUPUNCTURE | ACUPUNCTURE |
| Can be done by PT or RMT or DC or ND (circle) | Can be done by PT or RMT or DC or ND (circle) |
| Certification req’d: Y N  With what organization: | Certification req’d: Y N  With what organization: |
| Referral req’d: Y N | Referral req’d: Y N |
| How much for Rx: | How much for Rx: |
| Max per year: | Max per year: |
| Covered at %: | Covered at %: |
| TENS UNIT / TENS ACCESSORIES | ORTHOTICS |
| Can be done by PT or DC (circle) | Can be done by PT or DC (circle) |
| Referral req’d: Y N | Referral req’d: Y N |
| Max per year: | Max per year: |
| Covered at %: | Covered at %: |
| Pairs per year: | Pairs per year: Inserts? Shoes? |
| Estimate req’d: Y N | Estimate req’d: Y N |
| **ORTHOTICS** | **COMPRESSION STALKINGS** |
| Can be done by PT or DC (circle) | Can be done by PT or DC (circle) |
| Referral req’d: Y N | Referral req’d: Y N |
| Max per year: | Max per year: |
| Covered at %: | Covered at %: |
| Pairs per year: Inserts? | Pairs per year: |
| Estimate req’d: Y N | Estimate req’d: Y N |
| HEALTH SPENDING ACCOUNT 1o COVERAGE | **HEALTH SPENDING ACCOUNT 2o COVERAGE** |
| IS IT AVAILALBE? YES OR NO (circle) | IS IT AVAILALBE? YES OR NO (circle) |
| MAX PER YEAR: | MAX PER YEAR: |
| POLICY RENEWAL MONTH: | POLICY RENEWAL MONTH: |