

Harbour Healthcare, Inc.

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Preliminary Insurance Qualification Sheet

- The information contained, and your response from an insurance company or our office is not a guarantee of benefits.**
- The final determination can only be obtained after claims have been filed by the provider to your insurance company and a remittance has been obtained.**

Tax ID 202491146

Group ID 1306162730

NPI 1780694448

Doctor's Name:

Insurance Company:

Phone Number (for patients): - -

Phone Number (for providers): - -

Electronic Payer ID:

Policy #: Carrier ID # Group #:

Patient Name:

Primary Insured Name (if other):

Patient Date of Birth:

Primary Insured Date of Birth:

(obtained if primary is spouse or parent)

Name of Representative:

ID # (or last initial):

Date / Time:

Benefit Limits

The POLICY is Effective ___ / ___ / ___ and has a Calendar Max and Deductible of \$ _____ and an Out Of Pocket limit of \$ _____ (Fam / Ind) per _____ and HAS / HAS NOT been met thus far with _____ remaining.

Chiropractic is covered at (then the agent will break down the specifics of your plan in several ways)

Max number of visits: _____ per

Total Dollar Amount Covered for service:

Dollar Amount paid thus far:

Remaining Amount:

Is pre-authorization needed for:

Exams	Yes / No	Adjustments	Yes / No
Physical Therapy	Yes / No	X-Rays	Yes / No
Durable Medical Equipment	Yes / No		