

## **Chiropractic Coverage**

**Do I have chiropractic coverage y() n()**

**What is the maximum of this coverage \$\_\_\_\_\_**

**Is this coverage combined with other professionals y() n()**

**Is there a deductible Y() \$\_\_\_\_\_ N()**

**What is the % coverage 80% 100% other\_\_\_\_\_**

**Is my benefit year a calendar year Y() or\_\_\_\_\_**

**Do I need a referral from MD() Chiropodist() Chiropractor ()**

## **Acupuncture Coverage**

**Do I have acupuncture coverage y() n()**

**What is the maximum of this coverage \$\_\_\_\_\_**

**Is this coverage combined with other professionals y() n()**

**Is there a deductible Y() \$\_\_\_\_\_ N()**

**What is the % coverage 80% 100% other\_\_\_\_\_**

**Is my benefit year a calendar year Y() or\_\_\_\_\_**

**Do I need a referral from MD() Chiropodist() Chiropractor ()**

## **Orthotic Coverage**

**Do I have orthotic coverage y() n()**

**What is the maximum of this coverage \$\_\_\_\_\_**

**Is this coverage combined with shoe coverage y() n()**

**How many pairs am I allowed per yr 1() 2() 3() unlimited()**

**Is there a deductible Y() \$\_\_\_\_\_ N()**

**What is the % coverage 80% 100% other\_\_\_\_\_**

**Is my benefit year a calendar year Y() or\_\_\_\_\_**

**Do I need a referral from MD() Chiropodist() Chiropractor ()**

## **Customized Orthopedic shoe Coverage**

**Do I have customized shoe coverage y() n()**

**What is the maximum of this coverage \$\_\_\_\_\_**

**Is thi coverage combined with orthotic coverage Y() n()**

**How many pairs am I allowed per yr 1() 2() 3() unlimited()**

**Is there a deductible Y() \$\_\_\_\_\_ N()**

**What is the % coverage 80% 100% other\_\_\_\_\_**

**Is my benefit year a calendar year Y() or\_\_\_\_\_**

**Do I need a referral from MD() Chiropodist() Chiropractor ()**

## **Custom Orthopedic shoe Coverage**

**Do I have custom shoe coverage y() n()**

**What is the maximum of this coverage \$\_\_\_\_\_**

**Is thi coverage combined with orthotic coverage Y() n()**

**How many pairs am I allowed per yr 1() 2() 3() unlimited()**

**Is there a deductible Y() \$\_\_\_\_\_ N()**

**What is the % coverage 80% 100% other\_\_\_\_\_**

**Is my benefit year a calendar year Y() or\_\_\_\_\_**

**Do I need a referral from MD() Chiropodist() Chiropractor ()**