

Insurance Verification Form

Name: _____ DOB: _____ Phone: _____

Health insurance has become very complicated. We will help you as much as we can but, ultimately it is your responsibility to understand your health insurance plans. Often insurance companies limit physical therapy visits. Under all circumstances physical therapy visits must be deemed as medically necessary. It is important for us to know as soon as possible about any limitations on your insurance coverage to prevent unnecessary nonpayment of services.

Please contact your insurance company directly and ask the following questions with regards to physical therapy treatment.

Primary Insurance: _____ Phone Number: _____

ID Number: _____ Subscribers Name: _____ DOB: _____

Name of Insurance person contacted: _____

and reference # for call: _____

1. Does insurance cover physical therapy treatment? Yes _____ No _____
2. How many physical therapy visits does plan allow? _____ How many used: _____
3. If more visits are needed, what needs to be done? _____
4. Is there a time limit for visits to be completed? If so, how long? _____
5. How much is my deductible and how much have I met this year?
Deductible: _____ Amount Met: _____
6. What is the out of pocket per year? _____ Amount met? _____
7. Any co-payments (set amount paid each visit)? _____ If so, how much? _____
8. Any coinsurance (percentage due each visit)? _____ If so, what percent? _____
9. Physician referral needed? _____ If so, must it be from primary care physician? _____
10. If physician referral is needed, is there one on file and if so, what is the referral number? _____
11. Is preauthorization needed for physical therapy? _____ If so, how? _____ Specific form? _____

Fax# _____

Patient Signature: _____

Date: _____

Please return this form at your next visit. Thank you.