

# INSURANCE VERIFICATION

MM \_\_\_\_\_ MED \_\_\_\_\_ PI \_\_\_\_\_ WC \_\_\_\_\_ OTHER \_\_\_\_\_

Hi, I am \_\_\_\_\_ and I am calling to verify \_\_\_\_\_ for a patient.

Is this conversation being recorded? Y N      Today's Date: \_\_\_\_\_

Time: \_\_\_\_\_ Contact: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Card Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Claim Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_

\_\_\_\_\_ IN Network      OUT Network

Deductible Y N Amount: \$ \_\_\_\_\_ Individual: \_\_\_\_\_ Family: \_\_\_\_\_

Is Deductible Satisfied: Y N      Carry Over: \_\_\_\_\_      Can any licensed Physician perform PT: Y N

Office Visit: \_\_\_\_\_ Out of Pocket: \_\_\_\_\_ Max visits per Year: \_\_\_\_\_ Co-Insurance: \_\_\_\_\_

Special Arrangements: \_\_\_\_\_

## ***Does this policy cover the following?***

- Evaluation and Management? Y N      Separate Benefit? Y N  
99203 \_\_\_\_\_ 99243 \_\_\_\_\_ 99273 \_\_\_\_\_ 99213 \_\_\_\_\_ 99316 \_\_\_\_\_ 98941 \_\_\_\_\_
- Diagnostic Testing ? Y N      Separate Benefit? Y N  
95851 \_\_\_\_\_ 97750 \_\_\_\_\_ 95831 \_\_\_\_\_ 95900 \_\_\_\_\_ 95904 \_\_\_\_\_ 95903 \_\_\_\_\_
- Modalities Covered? Y N      Separate Benefit? Y N  
97010 \_\_\_\_\_ 97014 \_\_\_\_\_ 97021 \_\_\_\_\_
- Rehabilitation Covered? Y N      Separate Benefit? Y N  
97110 \_\_\_\_\_ 97530 \_\_\_\_\_ 97112 \_\_\_\_\_ 97140 \_\_\_\_\_ 97535 \_\_\_\_\_

## ***Can you please tell me their Chiropractic Benefits?***

Max visits per year? Y N: \_\_\_\_\_      Per Condition (DX)? Y N: \_\_\_\_\_

Max \$ per year? Y N: \_\_\_\_\_      Max \$ per visit? Y N: \_\_\_\_\_

Co-Insurance? Y N: \_\_\_\_\_      Office Visit? Y N: \_\_\_\_\_