

Insurance Verification Form and Patient info

Patient/Subscriber Info

*Patient Name: _____ *Date of Birth _____

*Home Address: _____
City St Zip

*Subscriber Name: _____ *Relationship to patient: _____

*Subscriber date of birth: _____ *Subscriber Soc. Sec. _____

Benefit Verification

*Insurance Company name: _____

*Insurance I.D # (include letters): _____ Group #(include letters) _____

Insurance Phone # Called: _____

Spoke with: _____

Effective Date of coverage: _____ Deductible? _____

Any deductible met? _____ Co-pay? _____ Visit maximum? _____

**Authorization required? Y N Authorization number: _____

*Start and end date of Authorization _____

*Specific codes authorized: _____

Mail claims to:

** Some insurance's require that Authorization is obtained no later than the day of the first appointment. ***If you are unable to obtain this information before our first visit there will be a \$65.00 first visit fee that will be refundable once we determine your benefits. Also, if you make a follow up appointment with our office and cancel with less than 24 hrs notice (by phone) or no show an appointment there can be a \$565. 00 fee assessed for that date of service.**