

Insurance Verification Form

NOTE: Depending on where and how you practice, you may need to adapt some of these questions. This is only provided as a guideline and is not an approved or recommended verification form.

Date: _____
Insurance Rep Name: _____
Staff name completing form: _____
Patient Name: _____ Date of Birth: _____
Primary Insured Name: _____ Date of Birth: _____
Policy #: _____ Group #: _____

Primary Insurance Data

Insurance Company Name: _____ Effective Date: _____
Insurance Company Phone #: _____
Deductible: _____ Amount Met: _____ OOP Max: _____ OOP Met: _____
Copay Amount: _____ Co-Insurance Amount: _____ Does patient have a Health Savings Account or Health Reimbursement (FSA) account? Yes No
Does insurance company pay out of HRA account or do we collect from patient? Insurance Patient
Is policy based on a calendar year or contract year? Calendar Contract
If contract year, what are the dates: _____ Number of visits per year: _____ Dollar amount per year: _____
Any per authorization for advanced imaging: X-ray Yes No MRI: Yes No
UHC/Optum: ACN form required? Yes No
Is there a limit on modalities when billed with a CMT code? Yes No
Is this plan self-funded or ERISA? _____
Is there a double copay for visits with exams or re-exams? _____
Codes Commonly Billed: _____

Secondary Insurance Data

Insurance Company Name: _____ Effective Date: _____
Insurance Company Phone #: _____
Deductible: _____
Amount Met: _____ OOP Max: _____ OOP Met: _____
Copay Amount: _____ Co-Insurance Amount: _____
Does patient have a Health Savings Account or Health Reimbursement (FSA) account? Yes No
Does insurance company pay out of HRA account or do we collect from patient? Insurance Patient
Is policy based on a calendar year or contract year?
Calendar Contract If contract year, what are the dates: _____ Number of visits per year: _____
Dollar amount per year: _____
Any per authorization for advanced imaging: X-ray Yes No MRI Yes No
ACN form required? Yes No
Is there a limit on modalities when billed with a CMT code? Yes No
Is this plan self-funded or ERISA? _____
Is there a double copay for visits with exams or re-exams? _____
Codes Commonly Billed: _____