



PATIENT INSURANCE VERIFICATION QUESTIONNAIRE

HealthWell verifies your insurance for you and provides this information at your first visit. Should you wish to confirm our findings, this Verification Questionnaire is designed to help you.

Before you call your insurance company, have ready:

Your name (as on your card): _____ Birthdate: _____

Subscriber Name (spouse/parent): _____ Birthdate: _____

ID Number: _____ Group Number: _____

Diagnosis (if possible/will be on prescription from doctor): _____

When you call your insurance company, say:

"I am calling to verify my insurance for physical therapy in an OFFICE setting."

Note the date / time and person you are speaking with: _____

If they ask where you are having your therapy, say HealthWell Physical Therapy Group in San Francisco, CA.

They will tell you:

Effective date of insurance: _____ Current deductible: _____ How much of deductible has been paid? _____

Co-pay: _____ Co-insurance: _____ Percentage insurance will pay: _____ % Percentage your responsibility: _____ %

Number of visits allowed: _____ Per time limit: _____ # of visits used: _____ Yearly/lifetime maximum: _____

Out-of-pocket maximum: _____ Then claims paid at: _____ %

Combined with Speech Therapy? Yes No

Occupational Therapy? Yes No

Chiropractic? Yes No

Is pre-certification or prior authorization for treatment required? Yes No

Phone number to call for authorization? _____

Is authorization required at any time? _____

Do you require a referral from your physician? Yes No