BLOCK CHIROPRACTIC AND SPORTS PHYSICAL THERAPY
PHYSICAL THERAPY PROVIDED BY LIHMC, PC

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Insurance Verification Physical Therapy NPI #1114214590

Date_____

- Patients Name:_____ DOB:_____ SS#_____
- Insurance Name:_____ Telephone:_____
- What is the name of the person you are speaking to?_____
- What is the **reference number** for this call?_____
- Primary Insured Relationship: Same, spouse, parent
- Primary Insured:_____ Primary Insured DOB:_____
- **Do you cover PT?** Yes/No
- What is the insurance effective date?_____
- **Referral**: Do we need a referral Yes/No
- **Deductible**: Is there a deductible for PT? Yes/ No. How much $_____
- Was the deductible met? Yes/ No. What is the balance of the deductible?_____
- Is it based on calendar year or other?_____
- **Limits:** Is there a limit to the number of visits for chiropractors? Yes/ No What is the limit?_____
- Is there a limits to the dollar amount for chiropractors? Yes/ No _____
- **Copayment:** Is there a present copayment and if so what is it for Physical Therapy care? _____
- Is the copayment a percentage of the fee for Physical Therapy care?_____
- Is their out of network coverage? Yes/No What are they?_____