

Medical Insurance Verification Forms

Insurance Verification Form

_____ Patient's Name	_____ Patient's Date of Birth	_____ Patient's Gender
_____ Phone Number	_____ Email Address	
_____ Street Address, City, State, ZIP Code		
_____ Social Security Number	_____ Diagnosis	
Patient Insurance Information		
_____ Primary Insurance Company	_____ Company Phone Number	
_____ Policy Number	_____ Group Number	
_____ Subscriber's Name	_____ Date of Birth	_____ Relationship to Patient
_____ Secondary Insurance Company	_____ Company Phone Number	
_____ Policy Number	_____ Group Number	
_____ Subscriber's Name	_____ Date of Birth	_____ Relationship to Patient

Insurer Information

[illegible]

Patient Eligibility and Benefits Information

<div style="border-bottom: 1px solid black; margin-bottom: 10px;">Effective Date of Coverage</div> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> \$ <div style="border-bottom: 1px solid black; width: 80%;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-bottom: 10px;"> <div style="border-bottom: 1px solid black; width: 80%; text-align: center;">Co-Payment</div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> \$ <div style="border-bottom: 1px solid black; width: 80%;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 80%; text-align: center;">Deductible</div> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;">Plan Type (HMO, PPO, POS, Other)</div> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> \$ <div style="border-bottom: 1px solid black; width: 80%;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-bottom: 10px;"> <div style="border-bottom: 1px solid black; width: 80%; text-align: center;">Co-Insurance</div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> \$ <div style="border-bottom: 1px solid black; width: 80%;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 80%; text-align: center;">Other Out-of-Pocket Expense</div> </div>
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Benefits for treatment?

☐ Yes
 ☐ No

Is a referral necessary?

☐ Yes
 ☐ No

Is prior authorization required?

☐ Yes
 ☐ No

Out-of-network benefits?

☐ Yes
 ☐ No

Out-of-network financial responsibilities?

☐ Yes
 ☐ No