

NP PUP

Ins. Update



CA Signature

Doctor

Insurance Verification

Name: _____ DOB: _____ Date: _____

Effective Date: _____ Renewal Date: _____

Contact Person: _____ Date and Time: _____

Is a referral or preauth. needed? _____

What about the Initial Exam (99203) and X-Rays? _____

Cervical (72040), Cervical (72052), Lumbar (72100), Lumbar (72114)

What are Out of Network Benefits? _____

Does the policy cover Spinal Adjustments (98940-41)? BB How Many? _____

Does the policy cover Trigger Point Work (97124)? BB Traction (97012)? _____

Does the policy cover Re-exam (99212)? BB Group Therapy (97150)? BB

Does the policy cover Orthotics (L3020)? _____ Therapeutic Exercise (97110)? BB

Diagnosis restricted? _____ Are these covered? M72.2 Q66.50

What is the Deductible? _____ How much is met? _____

What is the Co-Insurance? _____

What is the Co-Pay? _____

Does the plan have an HRA? _____ Who is responsible? _____

Is this the Primary and is there a Secondary on file? _____

If Medicare is primary will a secondary pick up remaining 20% balance? _____

VERIFY ADDRESS/COPY INSURANCE CARD:

