



# Insurance Verification Form

Please be sure to call your insurance carrier to verify your physical therapy benefits prior to your visit. The number is located on the back of your insurance card. We will be happy to assist you with any questions you might have about your physical therapy coverage, but please remember that you are ultimately responsible for understanding your benefits. Below are questions that will help you get started.

1. **Date of Call:** \_\_\_\_\_

2. **With whom you spoke:** \_\_\_\_\_

3. **Effective Date:** \_\_\_\_\_

4. **Yearly Deductible:** \_\_\_\_\_

**Amount met to date:** \_\_\_\_\_

## Physical Therapy Coverage:

1. **% Covered:** \_\_\_\_\_

2. **Co-payment Amount:** \_\_\_\_\_

3. **Number of Visits allowed yearly:** \_\_\_\_\_

4. **Do you need a referral: YES\* NO**

5. **How many visits have you used for physical therapy services this year?**

\_\_\_\_\_

\*If your insurance requires that you receive a referral or prior authorization, please obtain this prior to your visit at Tamarack Physical Therapy, Inc.

Please bring this form to your office visit, along with your insurance card and one form of identification.

If you have any questions, please do not hesitate to give us a call at 509-306-5105. Thank you!