

Eligibility Verification Form

Please call your insurance carrier to verify your physical therapy coverage prior to your visit. The number is located on the back of your insurance card.

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 me a call: 509-306-5105

Thank you!