

Insurance Information Worksheet

Name: _____

DOB: _____

Phone #: _____

Insurance Company: _____

ID#: _____

1. Call your insurance company. The number is on the back of your ID card.
2. Ask for outpatient manual and physical therapy.
3. Does my policy cover the practitioner I am going to see? Yes or No
4. What percentage/amount does my policy cover? _____
5. What is my copay? _____
6. What is my deductible? _____
7. Are my therapy benefits subject to the deductible? Yes or No
8. How much of my deductible has been met? _____
9. How many visits per year? _____
10. Do I need a referral from my primary care physician? Yes or No
11. Do I need an authorization from my insurance company? Yes or No
- 11a. If yes, what do I need to do to obtain it? (Please obtain the authorization)