

Insurance Verification Information

Doctor				C. A. initials		Verified on	
Patient #				Computer #		Class type	
Patient Name						D O B	
Insured's name						D O B	
Relationship				Sex (Date)		Insured's ID number	
Employer						Phone	
Address						Supervisor	
City		State		Zip		Rate	
Insurance Company						Phone	
Address						Insured's ID	
City		State		Zip		Group #	
Contact		Title		Phone		Claim #	
Notes							

Primary or Secondary Insurance	
Diagnosis	
Treatment prescribed	
Policy effective from	
Out-of-pocket amount per year	
Out-of-pocket max?	
Max payment for initial visit	
Max payment covered per visit	
Max co-ins for X-ray and other diagnostics	
Max number of visits covered per year	
Items not previously not covered	
Items requiring specific tests & confirmation	
Other notes and comments	