

# Dany's Physical Therapy

8675 Explorer Dr  
Colorado Springs, CO 80920

Call us: (719) 266-6022

Text us: (719) 689-8667

Fax us: (719) 277-7217

## Patient Insurance Verification form

Patient Name: \_\_\_\_\_

(Circle which one)

Date of Birth: \_\_\_\_\_

Anthem / Blue Cross Blue Shield

Address: \_\_\_\_\_  
\_\_\_\_\_

UHC / UMR

Insurance: \_\_\_\_\_

Billing/procedure codes:

Member ID# \_\_\_\_\_

97140, 97530, 97110, 97111, 97112

Insurance phone# \_\_\_\_\_

If auth required, where do we request it?  
\_\_\_\_\_

Tax ID # 900775822 NPI # 1104168228

Is referral required? Y or N

Phone# \_\_\_\_\_

Is authorization required? Y or N

Website: \_\_\_\_\_  
\_\_\_\_\_

Effective dates:

From: \_\_\_\_\_

Mailing address for claims:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_

Copay/Co-insurance: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_

Confirmed benefits with:

Met/ Remaining: \_\_\_\_\_

Rep Name \_\_\_\_\_

Out of Pocket Max: \_\_\_\_\_

Reference # \_\_\_\_\_

Max # of visits: \_\_\_\_\_

Verified by: \_\_\_\_\_

Ded met before Copay effective?: Y or N

Today's Date: \_\_\_\_\_