Fred TOENGES
Shoes and Pedorthics.

INSURANCE VERIFICATION

***THIS IS NOT A GUARANTEE OF BENEFITS**

a) Without seeing a patient we **cannot** tell you exactly which orthotic you will need. We can tell you our most common HCPC code is L3010.
b) Return this form to Fred Toenges Shoes & Pedorthics when you come in for your initial visit.

FILL OUT THIS SECTION PRIOR TO CALLING INSURANCE COMPANY

INSURANCE COMPANY_____

INSURANCE PHONE #_____
(this should be on the back of the card and may say for eligibility or benefits or customer service)

POLICY HOLDER NAME_____

ID/ACCT #_____GROUP#_____

PATIENTS NAME_____DATE OF BIRTH_____

DR. NAME_____DIAGNOSIS_____

ARE SHOES/ORTHOTICS COVERED_____
****

COMPLETELY FILL OUT THIS SECTION WHILE TALKING TO INSURANCE COMPANY

DATE:_____TIME:_____ IN NETWORK: YES NO

NAME OF PERSON YOU ARE TALKING TO_____ELECTRONIC PAYOR#_____

PERCENT INS PAYS_____PERCENT PT OWES_____ARE ALL ABOVE CODES COVERED_____

IF NO WHAT CODES ARE NOT COVERED_____

EFFECTIVE DATE_____DEDUCT. AMT_____DEDUCT AMT. MET_____

IS PRECERT REQ_____CAN WE CALL OR DOES THE REF. DR HAVE TO_____

PHONE OR FAX NUMBER TO DO PRECERT_____

OUT OF POCKET_____LIFETIME MAX_____

ARE ANY SPECIAL FORMS TO BE SENT IN WITH THE CLAIM_____

IS THIS POLICY PRIMARY OR SECONDARY_____

DOES PATIENT HAVE MEDICARE_____DOES PATIENT HAVE MEDICAID_____
(IF YES REMEMBER NO INSURANCE DISCOUNT UNLESS MEDICARE OR MEDICAID IS SECONDARY)

VERIFY ADDRESS THAT CLAIMS ARE TO GO TO_____

_____

****