

1200 OAKLEAF WAY SUITE B
ALTOONA, WI 54720
Phone: 715-839-9266
Fax: 715-839-8761



757 LAKELAND DR SUITE A
CHIPPEWA FALLS WI, 54729
Phone: 715-723-5060
Fax: 715-723-5149

910 COUNTRYSIDE PKWY
MONDOVI, WI 54755
Phone: 715-926-6001
Fax: 715-926-6002

PATIENT INSURANCE VERIFICATION

PATIENT'S NAME _____ DATE _____

PLEASE TAKE THIS FORM HOME AND COMPLETE

FOR YOUR OWN PROTECTION/KNOWLEDGE AND DUE TO INCONSISTENT INFORMATION GIVEN TO NWT, WE ARE ASKING THAT YOU CONTACT YOUR INSURANCE COMPANY TO VERIFY YOUR BENEFITS. THANK YOU.

YOU WILL WANT TO ASK THE FOLLOWING QUESTIONS:

- 1) VISIT LIMIT FOR OUTPATIENT PHYSICAL THERAPY? Y / N # OF VISITS? _____
- 2) HAVE YOU BEEN SEEN IN PHYSICAL THERAPY IN ANOTHER FACILITY DURING THIS CALENDAR YEAR? Y / N IF YES, # OF VISITS? _____
- 3) VISIT CO-PAY? Y / N IF YES, \$ AMOUNT _____ (CO-PAY IS DUE AT TIME OF SERVICE)
- 4) DOES YOUR INSURANCE REQUIRE AN MD ORDER/OR REFERRAL FOR PHYSICAL THERAPY?
Y / N

IF YOU HAVE THE FOLLOWING INSURANCES, PLEASE DISREGARD QUESTION #5: GROUP HEALTH, PREVEA, SECURITY HEALTH PLAN, WEA, WPS

- 5) IS PRE-AUTHORIZATION REQUIRED? Y / N IF YES, PHONE/FAX # _____ **IF YES, PLEASE CALL NWT ASAP WITH THIS INFORMATION SO WE CAN START THE PROCESS IMMEDIATELY.**

******IF YOU ARE PLANNING ON ATTENDING POOL THERAPY, PLEASE VERIFY THAT YOU HAVE POOL COVERAGE WITH THE CODE 97113.**

******IF YOU HAVE AETNA INSURANCE****WHEN VERIFYING YOUR BENEFITS, PLEASE PROVIDE CUSTOMER SERVICE WITH THE NAME OF YOUR THERAPIST, NOT THE NAME OF OUR FACILITY. THEY WILL NOT RECOGNIZE THE NAME NORTHWOODS THERAPY AS AN IN NETWORK PROVIDER.**

THANK YOU FOR YOUR TIME.

PLEASE RETURN THIS AT YOUR NEXT SCHEDULED APPOINTMENT.