

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 HOME AND FILL OUT

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 OUTPATIENT PHYSICAL THERAPY BENEFITS. THANK YOU.

YOU WILL WANT TO ASK THE FOLLOWING QUESTIONS:

- 1) ARE YOU ABLE TO BE REFERRED TO PHYSICAL THERAPY BY A CHIROPRACTOR? (IF APPLICABLE) YES OR NO / DOES YOUR INSURANCE REQUIRE AN MD REFERRAL? YES OR NO
- 2) DO YOU HAVE A VISIT LIMIT FOR PHYSICAL THERAPY? IF THERE IS A VISIT LIMIT, IS THIS LIMIT COMBINED WITH OTHER SPECIALTIES (I.E. SPEECH THERAPY, CHIROPRACTIC CARE, OCCUPATIONAL THERAPY) YES OR NO IF YES, VISIT LIMIT IS _____

IF YES, PLEASE RETURN THIS AT YOUR NEXT SCHEDULED APPOINTMENT.

IF YOU HAVE ONE OF THE FOLLOWING INSURANCES, PLEASE SKIP QUESTION #3:

GROUP HEALTH
NETWORK HEALTH
PREVEA
SECURITY HEALTH PLAN
WEA
WPS

- 3) DOES YOUR INSURANCE REQUIRE PRE-AUTHORIZATION? YES OR NO IF YES, PLEASE GET PHONE AND/OR FAX# OF WHERE WE NEED TO PRE-AUTHORIZE

IF YES, PLEASE CALL NWT ASAP WITH THIS INFORMATION.

******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.**