



**Comprehensive
Physical Therapy
Center**

Tom DiAngelis, PT
Owner

Opal Riddle, PT
Owner

Patient Insurance Verification Questionnaire

BEFORE YOU CALL YOUR INSURANCE COMPANY, HAVE READY:

Your name (as on your card): _____ Birth Date: _____

Subscriber Name (spouse/parent): _____ Birth Date: _____

ID Number: _____ Group Number: _____

Diagnosis (if possible/will be on prescription from doctor): _____

WHEN YOU CALL YOUR INSURANCE COMPANY SAY:

"I am calling to verify my insurance for Physical Therapy in an **OFFICE** setting"

Note the date / time and person you are speaking with: _____

If they ask where you are having your therapy: Comprehensive Physical Therapy Center

THEY WILL TELL YOU:

Effective date of insurance: _____

Current deductible: _____ How much of deductible has been paid: _____

Co-Pay _____ Co-insurance: _____% insurance will pay / _____% your responsibility

Number of visits allowed _____ per time limit _____ # visits used _____

Yearly/lifetime maximum: _____

Combined with Speech Therapy? Occupational Therapy? Chiropractic?

Out of pocket maximum _____ Then claims paid at _____%

Is pre-certification or prior authorization for treatment required? No / Yes

Phone number to call for authorization _____

Is authorization required at any time? _____

Do you require a referral from your physician? Yes / No



Hyde Park
2727 Madison Rd
Suite 301
Cincinnati, OH 45209
513-871-5571 #2
513-871-6761 Fax



Mason
5382 Cox-Smith Rd
Suite A
Mason, OH 45040
513-336-7725 #3
513-336-7825 Fax



Milford
970 Lila Ave
Milford, OH 45150
513-576-6338 #1
513-576-6340 Fax

