Core Physical Therapy LLC
971.404.6146 corehealingpt.com

Core Physical Therapy LLC
443 NE Knott St.
Portland, Oregon, US - 97212

* Insurance Verification Form

Please call your insurance company to complete this questionnaire, and include the name of the insurance company representative and reference number for your call in the designated spaces below.

Patient name *

Insurance company *

Member ID # *

Group # *

Are you the policy owner? If not, please list full name and date of birth of the account's primary insured. *

Is this your primary insurance? * ☐ Yes ☐ No

Do I have Out of Network Benefits? If no skip all questions. *

What is your deductible? *

How much is remaining on your deductible? *

What is your out-of-pocket max? *

How much is remaining on your out-of-pocket max? *

What is your benefit maximum for PT?

Is a prior authorization required for PT? ☐ Yes ☐ No

Are your PT benefits combined with ☐ Chiropractic ☐ Speech

Reference number for your call:

I, the undersigned, certify that I (or my dependent) have insurance coverage with the listed above and assign directly to Core Physical Therapy all insurance benefits, if any, otherwise payable to me for the services rendered. I understand that this information is not a guarantee of payment, and it is my responsibility to understand when I have reached my benefit maximum or need a prior authorization for upcoming visits. I understand that I am fully responsible for all charges not paid by insurance. I hereby authorize CPT to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

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PATIENT SIGNATURE *